



NEW YORK EQUESTRIAN CENTER Ltd.
633 Eagle Avenue, West Hempstead NY 11552
516-486-9673/ f. 516-678-9112
mynyec.com

Boarders Information

Applicant:

Full Name (included all names used): _____

Home Phone: _____

Work Phone: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number/State: _____

Additional Occupants:

Please list everyone, including children, who will use our facility:

Full Name: _____

Relationship to Applicant: _____

Full Name: _____

Relationship to Applicant: _____

Horse Facility:

Current: _____

How long at this facility: _____

Reason for leaving: _____

Previous Facility: _____

How long at this facility: _____

Reason for Leaving: _____

Barn/Manager: _____

Barn/Manager's Phone: _____

Employment History: Occupation _____

Name/ Address of Current Employer: _____

Phone: _____

Name of Supervisor: _____ Phone _____

How long at Job: _____

Position or Title: _____

Name/ Address of Previous Employer: _____

Phone: _____

Name of Supervisor: _____ Phone: _____



Dates Employed at Job: _____

Position or Title: _____

Income:

1. Your gross monthly employment income (before deductions): \$ _____

2. Average monthly amounts of other income (specify sources): \$ _____

Total: \$ _____

Credit and Financial Information Savings Account:

Account Number: _____

Bank/Institution: _____

Branch: _____

Checking Account:

Account Number: _____

Bank/Institution: _____

Branch: _____

Miscellaneous:

Describe the number and type of pets you have and would like to bring to the facility:

Do You Smoke? _____

Have you Ever:

Filed for Bankruptcy? _____ Been Sued?: _____ Are you on any lists? _____

Been Evicted? _____ Been Convicted of a Crime?: _____

References and Emergency Contact:

Personal Reference: _____

Relationship: _____ Phone: _____

Address: _____

Personal Reference: _____

Relationship: _____ Phone: _____

Address: _____

I certify that all the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any false or incomplete statements in this application. I authorize verification of the information provided in this application from my credit sources, current and previous barns and employers, and personal references.

Date: _____

Tenant: _____

Vehicles:

Make: _____

Model: _____

Year: _____

Lic Plate #: _____

Horse Trailers:

Make: _____

Model: _____

Year: _____

Lic Plate #: _____

