

# Application

Please fill out this form and deliver to 872 Madison Avenue #2A,  
NY NY 10021 with a non-refundable fee.

## **PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE WITH THE APPLICATION**

Property Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

Rent: \_\_\_\_\_ Start Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License State \_\_\_\_\_ # \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Present Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#:\_( ) \_\_\_\_\_ Business Number#:\_( ) \_\_\_\_\_ Cell Phone#:\_( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Telephone#:\_( ) \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ How Long? \_\_\_\_\_ Years. \_\_\_\_\_ Months.

## **EMPLOYMENT**

Business or Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Telephone#:\_( ) \_\_\_\_\_

Salary Per Annum: \$ \_\_\_\_\_ How Long employed? \_\_\_\_\_

Position: \_\_\_\_\_ Your direct phone # \_ ( ) \_\_\_\_\_

Nature Of Business: \_\_\_\_\_

Other income: \$ \_\_\_\_\_ Source of other income: \$ \_\_\_\_\_

## *IF SELF EMPLOYED, WHOM TO CONTACT TO VERIFY*

Name: \_\_\_\_\_ Telephone# \_ ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**FINANCIAL**

Bank Reference: \_\_\_\_\_ Address \_\_\_\_\_

Type of Account? \_\_\_\_\_ Acct#: \_\_\_\_\_

**GENERAL**

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

***LIST ALL OTHER INDIVIDUALS WHO WILL OCCUPY APARTMENT:***

Name	SS#	Relationship	Age
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**CERTIFICATION:** I understand that a credit investigation will be conducted to certify the information I supply and that any misrepresentation made by me may cause for rejection of the application. Approval of this application is subject to, amongst other things, the review and verification of this information and all supporting documentation. I may not receive or review my consumer credit file. I have the right to make a written request for disclosure of the results of this investigation. Upon request, I may be informed whether a consumer report or an investigative consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency. I may receive a copy of my consumer credit file only by contacting the reporting credit bureaus directly. I agree to hold the Landlord, its Managing Agent, and its leasing consultants harmless for any claims that may arise as a result of this investigation and or in connection with any lease contemplated herein. The Applicant understands that the Landlord and/or its Managing Agent will rely upon the truth of statements made herein. If, after approval, any misrepresentation shall be disclosed, the Landlord and/or its Managing Agent may cancel said approval; or if the Applicant shall have entered into possession, the Landlord and/or its Managing Agent shall have the right to recover possession. No representations or agreements by consultants, brokers or others are binding on the Landlord, its Managing Agent, or its leasing consultants unless included in writing in the Lease. The Landlord, its Managing Agent, and its leasing consultants will in no event be bound nor will possession of the apartment be given, unless and until a lease is executed by the Landlord or the Landlord's Managing Agent. Any fees collected for this investigation are non-refundable. In submitting this application applicant authorizes and permits the Landlord or Managing Agent to request to request, receive an investigate consumer reports. Please be advised that in the event applicant enters into a lease with the Landlord or Managing Agent, Landlord or Managing Agent may request additional credit reports for a period of not more than five years after the applicants vacates the apartment.

**AUTHORIZATION TO RELEASE INFROMATION:** I give the Landlord, its Managing Agent and his Leasing Consultant full authorization for an investigative report whereby third-parties may be contacted to report on my character, general reputation, personal characteristics, mode of living, salary and income,

consumer credit and banking financial practices. **I authorize banks, financial institutions, Landlords, Managing Agents, business associates, references, credit bureaus, attorneys, accountants, and other persons or institutions with I am acquainted to furnish any and all information regarding me.** This authorization also applies to any updated reports which may be ordered as needed in connection with an update, renewal, extension of this application and/or collection of rent. I am willing that a photocopy or fax of this authorization be accepted with the same authority as the original.

**NEW YORK CITY TENANT FAIR CHANCE ACT**

Pursuant to federal and state law, NYC Admin Code Sect 20-807 et seq:

- 1) If your application is denied or other adverse action is taken against you due to a screening report the landlord uses, the landlord must tell you so and how to contact the screening company to obtain a free copy of the report.
- 2) You may dispute inaccurate or incorrect information on the report directly with the screening company. Our screening company is On-Site.com, PO Box 1504, Los Altos CA 94023| Phone: 877-222-0384| Fax: 888-774-0144|www.on-site.com/documents
- 3) Annually, you may order a free screening report from [www.annualcreditreport.com](http://www.annualcreditreport.com) (in addition to a free report from each national consumer reporting agency if adverse action was taken against you).

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Applicant's Signature

*ADDITIONAL COMMENTS BY APPLICANT:*

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