

Application

*Please fill out this form and deliver to 872 Madison Avenue #2A,
NY NY 10021 with a non-refundable fee of \$20.*

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: _____

AUTHORIZATION TO RELEASE INFORMATION: 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 (in addition to a free report from each national consumer reporting agency if adverse action was taken against you).

Applicant's Signature

ADDITIONAL COMMENTS BY APPLICANT:
