



66 West 38<sup>th</sup> Street, New York, NY 10018  
Phone: (212) 402-5300 / Fax: (212) 402-5301  
E-mail: atlasny@econotek.net  
[www.atlasny.com](http://www.atlasny.com)

### LEASE APPLICATION PROCESS

Apt # \_\_\_\_\_ Rent \$ \_\_\_\_\_ Income Requirements (monthly rent x 40) \$ \_\_\_\_\_

**There is a non-refundable \$70.00 Credit Fee per applicant for the credit verification process.  
\$85.00 application fee outside the U.S. and \$175.00 for corporate applications.**

**Fax ALL documents concerning your application to (212) 402-5301  
IF YOUR APPLICATION IS NOT COMPLETED WITHIN 3 BUSINESS DAYS  
THE APARTMENT MAY BE PUT BACK ON THE MARKET**

#### REQUIRED DOCUMENTS:

*A - If you work for a company:*

- 1- Employment letter on employer's letterhead verifying:  
**Length of employment and Annual Income for the past 2 years (including bonus, rental allowance, etc.).**
- 2- Copy of your most recent pay stub.
- 3- If employed less than 2 years, prior W2, tax return or employment letter from your prior employer.
- 4- Three (3) most recent bank statements (balance page only).
- 5- Letter of reference from your prior landlord or cancelled rent checks for the past 2 months.
- 6- Photo I.D.

*B - If you are self employed or commission based:*

- 1- Letter from your accountant verifying:  
A: Length of employment, type of business.  
B: Annual Income for past 2 years.
- 2- Copy of your Complete Federal Income tax return for the past 2 years (including all schedules, W2 & 1099 forms).
- 3- 3 most recent bank statements.
- 4- Letter of reference from your landlord.

*C - Guarantor Requirements (tri-state area guarantors only, minimum 80x the monthly rent):*

- 1- Income requirement \$ \_\_\_\_\_.
- 2- All items listed in A or B above.

*D - Corporate Lease with Personal Guarantor:*

- 1- Copy of an income statement and balance sheet or Annual Report.
- 2- Letter of reference from the prior landlord of the occupant or company if the company has previously rented an apartment.
- 3- A corporate resolution.
- 4- A personal guarantor (see item C above).

To complete your application you will need to bring the following certified checks, bank checks or money orders to the leasing office within one (1) business day. Checks must be separate and payable to: 1010 Sixth Associates, LLC.

\$ \_\_\_\_\_ Rent \$ \_\_\_\_\_ Security Deposit

\*\*\$500 Damage Deposit (certified check) prior to move is required or a Certificate of Insurance from Moving Company



new york

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INDIVIDUAL RENTAL APPLICATION

Date Lease Begins Apt.# Monthly Rent \$ Lease Term

First Name Middle Last

Work Phone Home Phone SS #

Cell phone E-mail

Additional Occupants Relationship Age

1

2

3

Do you have any pets? Yes No Please specify type and size/weight

Emergency Contact

Home/Cell Phone Work Phone

CURRENT RESIDENCE

Address City State Zip Code

Length of Time at Current Address Landlord/Mortgage Holder

Landlord Telephone Number Monthly Payment

COMPLETE IF CURRENT ADDRESS IS LESS THEN TWO YEARS

Prior Address City State Zip Code

Length of time at Prior Address Landlord/Mortgage Holder

Landlord Telephone Number Monthly Payment

EMPLOYMENT INFORMATION

Current Status: Employed Self -Employed Student Unemployed or Retired

Position Held Annual Income Bonus

Employer Length of Employment

Employer's Address

Supervisor Telephone

COMPLETE IF CURRENT EMPLOYMENT IS LESS THEN TWO YEARS

Prior Employer Length of Employment

Prior Position Held Annual Income Bonus

Prior Employer's Address

Prior Supervisor Telephone

ADDITIONAL ASSETS AND INCOME

Please specify portfolio value& income, real estate holdings, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FINANCIAL AND PERSONAL REFERENCES

Bank \_\_\_\_\_ Bank Address \_\_\_\_\_  
Bank Officer \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Checking  Savings  Securities  Account balance \_\_\_\_\_  
Bank \_\_\_\_\_ Bank Address \_\_\_\_\_  
Bank Officer \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Checking  Savings  Securities  Account balance \_\_\_\_\_  
Accountant \_\_\_\_\_ Telephone \_\_\_\_\_  
Attorney (if applicable) \_\_\_\_\_ Telephone \_\_\_\_\_

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**AUTHORIZATION**

**PLEASE READ CAREFULLY**

The Landlord will in no event be bound, nor will possession be given, unless and until a lease executed by the landlord has been delivered to the tenant. The applicant and his/her references must be satisfactory to the Landlord.

No representations or agreements by agents, brokers or others are binding on the Landlord unless included in the executed lease.

I hereby warrant that all my representations set forth herein are true. I recognize that the truth of the information contained herein is essential. I further represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed and that I am over 18 years of age.

I have been advised that I have the right to make a written request, directed to the appropriate credit reporting agency, within a reasonable time for a complete and accurate disclosure of the nature and scope of any credit investigation. I understand that upon submission, this application and all documents become the property of the Landlord of Agent, and will not be returned to me under any circumstances.

I authorize the verification of the above referenced information and its release to Landlord and its agents connected with the lease contemplated herein. I authorize **1010 Sixth Associates, LLC as Landlord, Rose Associates, Inc. as Agent for Landlord, and The Credential Researchers, Ltd. as Credit Check Agency**, and its agents to obtain a consumer credit report on me and to verify any information on this application with regard to my employment history current and prior tenancies and all other information which the Landlord deems pertinent to my obtaining residency. I will present any other information required by the Landlord in connection with the lease contemplated herein.

**I understand that the credit check fee is non-refundable.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

# THE CREDENTIAL RESEARCHERS, LTD

212-873-2769 (fax)  
212-873-8290 (phone)

## AUTHORIZATION TO RELEASE RECORDS

LANDLORD:

TO: \_\_\_\_\_  
(Company name) (Contact/Title)

\_\_\_\_\_ (Phone number) \_\_\_\_\_ (Fax number)

EMPLOYER:

TO: \_\_\_\_\_  
(Company name) (Contact/Title)

\_\_\_\_\_ (Phone number) \_\_\_\_\_ (Fax number)

BANK:

TO: \_\_\_\_\_  
(Bank name) (Contact/Title)

\_\_\_\_\_ (Phone number) \_\_\_\_\_ (Fax number)

ACCOUNTANT (if self employed or have income in addition to your salary, etc.):

TO: \_\_\_\_\_  
(Name) (Phone)

ATTORNEY (if applicable):

TO: \_\_\_\_\_  
(Name) (Phone)

I authorize the above referenced individuals and/or institutions to verify any and all requested information and, when necessary, to provide written back up to the Credential Researchers, Ltd.

APPLICANT'S NAME: \_\_\_\_\_  
(Please print)

APPLICANT'S SIGNATURE: X \_\_\_\_\_

Please Note: To expedite your application process, please fill in the above information and advise these parties that The Credential Researchers, Ltd. will be contacting them. Please indicate the importance of a prompt response. Thank you.



140 West End Ave - Suite 17J - NYC, NY 10023  
www.credentialresearchers.com

Tel 212-873-8290 / 866-873-8290 toll free  
Fax 212-873-2769 / 917-441-6785

## Payment Options

Applicant(s)

Name: \_\_\_\_\_

Building: \_\_\_\_\_

Unit: \_\_\_\_\_

Application #: \_\_\_\_\_  
(for internal use only)

### Credit Card (VISA OR MASTER CARD ONLY)

Circle one:            **Visa**   **Master Card**

Credit Card Number:

3 Digit Security Code:

Name of the Card Holder:

Expiration Date:

Billing Address of Card:

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Amount**

By my signature, I authorize **Credential Researchers Ltd** to charge this credit card in the amount listed above for the cost of processing my application.

**The name that will appear on your credit card statement is 'The Credential Researchers, Ltd'.**