

# ALGIN MANAGEMENT CO., LLC

200 East 33rd Street, New York, NY 10016

Tel. (212) 213-1727 Fax (212) 725-1245

Building	Apartment #	Rooms	Monthly Rent	Security
Lease Start Date	Lease Term	Landlord	Broker	Agent

## UNIFORM RESIDENTIAL APPLICATION

This application is designed to be completed by one applicant only. In the spirit of U.S. Policy for the achievement of equal housing opportunity, there are no barriers to obtaining housing because of race, color, sex, sexual orientation, national origin, handicap, or familial status. Approval is based on an applicants ability to prove employment, income, residency, credit and financial history as described in detail below. All information supplied will be verified for it's accuracy. All section must be complete before submitting for approval.

• THIS APPLICATION MUST BE PRINTED AND LEGIBLE •

### ABOUT THE APPLICANT Write your name as it appears on your credit files

First name	Middle	Last name	Jr., Sr., II, III	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Social Security Number	Date of Birth	Day Phone	Evening Phone	
In Case of Emergency, Notify	Phone #	Relationship to you		

### CURRENT RESIDENCY You may be required to produce a signed lease and/or cancelled rent check

Address	Apt.	City	State	Zip
Name of Landlord/Management Company or Tenant of record	Phone #	Contact Name		
How long Have You Lived at this address?	Monthly Rent / Mortgage	<input checked="" type="checkbox"/> Check one <input type="checkbox"/> Own <input type="checkbox"/> Rent		

### PRIOR RESIDENCY Must be filled in if you lived at the Current Address for less than 2 years

Address	Apt.	City	State	Zip
Name of Landlord/Management Company or Tenant of record	Phone #	Contact Name		
How long Have You Lived at this address?	Monthly Rent / Mortgage	<input checked="" type="checkbox"/> Check one <input type="checkbox"/> Own <input type="checkbox"/> Rent		

### CURRENT EMPLOYMENT Primary Source of Income

You may be required to produce 1-Employer Verification letter signed & dated on your company letterhead 2-Paystubs 3-1040, W-2, 1099 4-Other Income Taxpayer Identification

Name of Employer	Address of Employer	City	State	Zip
Contact Name	Contact Phone #	How long on this job?	Date ( From -To)	
Your Position/Title/Type of Business	Monthly Rent / Mortgage	How long in this line of work/ Profession	<input checked="" type="checkbox"/> Check if: <input type="checkbox"/> Self Employed <input type="checkbox"/> Independent Contractor	

### ANNUAL INCOME In Detail

Base income	Overtime	Bonuses	Commissions	TOTAL
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If Self Employed, Independent Contractor or use overtime, bonus or commission income to qualify 1-Fluctuating Income may be averaged 2-you may be required to produce 2 years Income Tax Documentation. 3-You are required to supply information about the Accountant that prepared your most recent income tax return.

Accountant Name	Phone #	Address
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<b>EMPLOYMENT 2</b>					<input checked="" type="checkbox"/> Check one <input type="checkbox"/> Second Income Source used to Qualify <input type="checkbox"/> Prior Employment				
Name of Employer			Address of Employer			City		State	Zip
Contact Name			Contact Phone #		How long on this job?		Date ( From -To)		
Your Position/Title/Type of Business			Monthly Rent / Mortgage		How long in this line of work/ Profession		<input checked="" type="checkbox"/> Check if: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/>		

<b>ANNUAL INCOME In Detail</b>				
Base Income	Overtime	Bonuses	Commissions	TOTAL

<b>ASSET ACCOUNTS</b> You may be required to produce Monthly Account Statements				
<input checked="" type="checkbox"/> Check if:                    Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____				
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (Supply Source Name & SS#) _____				
<input type="checkbox"/> Corporate Account (Supply Tax ID#) _____                    Is This a Borrowing Account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Bank or Institution		Branch Address		Account #
Name(s) Exactly As They Appear On This Account		Branch Phone #		Contact Name
<input checked="" type="checkbox"/> Check if:                    Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____				
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (Supply Source Name & SS#) _____				
<input type="checkbox"/> Corporate Account (Supply Tax ID#) _____                    Is This a Borrowing Account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Bank or Institution		Branch Address		Account #
Name(s) Exactly As They Appear On This Account		Branch Phone #		Contact Name

<b>REFERENCES</b> Other than family members		
Name	Phone #	Relationship to you
Name	Phone #	Relationship to you

<b>Department of Motor Vehicles Identification</b> Must be completed if registered motorist					
Motorist License ID#	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model

<b>Will you be living with pets?</b>		Describe in detail: <i>Type of pet, Breed, Weight, (extra security may apply)</i>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	Details		
How many pets?			

**NEW YORK CITY TENANT FAIR CHANCE ACT**

Pursuant to federal and state law:

- 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, P.O. 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 annually from www.annualcreditreport.com (in addition to a free report from each national consumer reporting agency if adverse action was taken against you).

AUTHORIZATION TO RELEASE INFORMATION: I the applicant, give 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-income, consumer credit and banking financial practices. I have the right to make a written request for disclosure of the nature, results and scope of this investigation. I may not however receive or view my consumer credit file. I agree to hold the credit agencies, Algin Management Co., LLC and its affiliates harmless for any claims that may arise as a result of this investigation, I authorize Banks, Financial Institutions, Landlords, Business Associates, Credit Bureaus, Attorneys, Accountants and other persons or institutions with whom I am acquainted to furnish any and all information regarding me. This authorisation also applies to any update reports which may be ordered in connection with this application and or to collect any debts owned at any time. I am willing that a photocopy or fax of this authorization be accepted with the same authority as this original.

My Printed Name	My Signature	Date of my Authorization
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To Re-Order call: The Marsid-M&M Group 516-334-1603