

MASTER CHECK - APPLICATION FOR APARTMENT please type or write clearly. (Illegible writing causes processing delays.)

EVERY APPLICANT MUST PROVIDE A GUARANTOR / CO-SIGNER, OTHERWISE THIS APPLICATION WILL NOT BE PROCESSED - SEE OTHER SIDE. ANY FALSE INFORMATION WILL DISQUALIFY YOU. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE FORMS MAY DELAY PROCESSING OF THIS APPLICATION.

TAX RETURNS WILL BE REQUIRED PRIOR TO SIGNING OF A LEASE.

ESTIMATED TIME TO FILL OUT THIS FORM IS 5 TO 15 MINUTES. PLEASE TAKE THE TIME TO COMPLETE THIS PROCESS. THANK YOU.

Date: _____ 201
Application for (address of building) _____ apt # _____ Monthly Rent: \$ _____
Occupancy will include a total of _____ persons Adults: _____ Children: _____ Pets: _____

AUTHORIZATION RELEASE - for personal Data Record Information

TO WHOM IT MAY CONCERN - I hereby authorize and request any employer, police dept., law enforcement agency, credit bureau, financial institution and any and all persons having personal knowledge about me, to furnish the bearer of this release with the answers to any information within their knowledge regarding me. I also authorize release of any information that is in, or will be in the possession of Landlord I agree to hold any and all parties blameless and free of any liability for releasing any truthful information that is within their knowledge or records. I am willing to have a photocopy of this authorization be accepted with the same authority as the original. Based upon this authorization request I waive any written notice from a present or former employer. I understand that this authorization is a part of Apartment Rental Application, and that all the information supplied by me are accurate to the best of my knowledge. Any false information or intentional/unintentional misleading may result in my application being declined, and the Lease terminated due to false information provided herein.

You must list your last 3 residences - any omissions without a detailed explanation will disqualify you.

Last name _____ First name _____ MI: _____
Social Security number: _____ - _____ - _____ Date of birth: _____ / _____ / _____
Driver's license number: _____
Address: _____ Apartment number: _____
City: _____ State: _____ Zip code: _____
Home phone number: (____) _____ - _____ Name this phone is listed under: _____
Your cell phone #: (____) _____ Beeper #: (____) _____ Other reach #: (____) _____
Years at this address: _____ Monthly rent: \$ _____
Landlord's/Agent's name: _____ Phone number: (____) _____
Landlord's/Agent's address: _____

Please provide Your Email Address and Email addresses of every person's name that appear on this application. We can not process applications that do not contain the email addresses as requested above.

.....
Full previous address: _____ Apartment number: _____
City: _____ State: _____ Zip code: _____
Landlord's name: _____ Phone number: (____) _____ - _____
Monthly Rent: \$ _____ Date: From ____ / ____ / ____ To ____ / ____ / ____ Years there: _____

.....
Full previous address: _____ Apartment number: _____
City: _____ State: _____ Zip code: _____
Landlord's name: _____ Phone number: (____) _____ - _____
Monthly Rent: \$ _____ Date: From ____ / ____ / ____ To ____ / ____ / ____ Years there: _____

Has your landlord ever sued you for any reason? _____
Have you ever filed complaints with any governmental agency against your Landlord? [] no [] yes, If yes state dates filed _____
Have you ever received any form of compensation from any landlord? _____
Has anyone ever sued you in any court, for any reason? _____

We perform court action verification - any false information will disqualify you.

Have you ever sued anyone at any time, for any reason, even in Small Claims Court? _____
If yes - list dates, cases and amounts sought _____
What day of the month have you been paying your rent until now 1st, 5th, 10th, 15th, 20th, 25th? **Can you provide us with front & back copies of the last 12 checks you gave to your landlord? _____ If yes, attach copies to this form.**

Were any checks returned due to insufficient or unavailable funds [] no [] yes. If yes how many checks in the past 2 years? _____

IF YOU FILL OUT THE ON-LINE VERSION OF THIS APPLICATION AT "HOTLOCATIONREALTY.COM", IF AND WHEN A LEASE IS DELIVERED OR PICKED UP BY YOU, EVERYONE WHO SIGNS THIS APPLICATION MUST MAIL IN OR HAND DELIVER AN ORIGINAL SIGNED VERSION OF THIS APPLICATION, PHOTOCOPIES-EMAILS-AND FAXES ARE ACCEPTABLE, HOWEVER THE ORIGINAL SIGNATURES REQUIRED BELOW MUST BE IN OUR OFFICE BEFORE KEYS ARE PROVIDED TO YOU.

ABOUT YOUR EMPLOYMENT (please type or write clearly, Illegible writing causes processing delays.)

Employer's name: _____ Person to contact: _____

Address: _____ City: _____ State: _____ Zip code: _____

Telephone number: (____) _____ - _____ Is it a telephone business listing: Yes _____ No _____

Position: _____ Years there: _____ Gross Annual Salary: \$ _____

Describe in detail your job function _____

Do you own a home or any REAL-ESTATE? yes no. If no, the credit manager may require two co-signers such as your father and mother, instead of just one cosigner. If yes, is the mortgage paid in full? yes no.

Can you provide us with written reference from your former landlords? yes no.

Can you provide us with a computerized rental history from your former landlords showing dates of payments posted into their computer yes no.

How long do you intend to reside in this apartment? 1 year 2 years 3 years 4 years 5 years or more.

ABOUT YOUR EDUCATION

Educational Institution name: _____ Major: _____

Expected date of graduation: _____ Credits earned: _____

Address: _____ City: _____ State: _____ Zip code: _____

DID YOU RECEIVE ANY ACCOUNTING , ARCHITECTURAL , ENGINEERING OR LEGAL PROFESSION TRAINING , YES NO. IF YES ARE YOU INTERESTED IN PART TIME OR WEEKEND WORK? PLEASE STATE YOUR QUALIFICATIONS AND EXPERIENCE IN A BRIEF 2 LINE STATEMENT BELOW. THANK YOU.

PLEASE PROVIDE DIRECT RELATIVES AND FAMILY MEMBERS NAMES IN CASE OF EMERGENCY

Name: _____ Telephone: (____) _____ - _____ Relation: _____

Email Address: _____ (Mother-father)

Address: _____ City: _____ State Zip _____

Name: _____ Telephone: (____) _____ - _____ Relation: _____

Email Address: _____ (Brother-sister)

Address: _____ City: _____ State Zip _____

Name: _____ Telephone: (____) _____ - _____ Relation: _____

Email Address: _____ (Uncle-aunt)

Address: _____ City: _____ State Zip _____

Name: _____ Telephone: (____) _____ - _____ Relation: _____

Email Address: _____ (Grandmother -grandfather)

Address: _____ City: _____ State Zip _____

Name of nearest relative not living with you: _____ Relation _____

Address: _____ Telephone: (____) _____

Email Address: _____

Upon signing of this application I understand and agree to the following: If my application is approved, I have the option to buy **RENTERS ALL RISK INSURANCE** from an independent Insurance broker, which will provide coverage for my personal property and my personal liability. I must add the Landlords name as an additional insured. The names of brokers CAN BE FOUND ON GOOGLE. Renters insurance is inexpensive; many insurers quote \$150 to \$200 ANNUAL CHARGE.

x _____ **please sign at left,** Yes, I will buy Renters Insurance, I will not hold the Management Company, Landlord or any related entities or persons responsible for personal property damages due to burglary, fire, theft, plumbing leaks, lightening, explosions, vandalism, nor any other accident/incident which might lead to any personal, property or all other risks and consequential damages.

I understand that the management or landlord will provide only one (1) lock for the apartment entrance door, any additional locks or security systems, such as a motion detector or window gates or alarm will be my responsibility as a tenant to install and I will not hold the Management or its related parties responsible due to lack of these amenities.

I hereby agree and understand that I am committing myself to lease this apartment, and that my certified check or money order for the security deposit is not refundable if I change my mind, I will forfeit my deposit. Furthermore, I understand that if my application is declined, I will get a full refund of my deposit.

Your checks will not be deposited until you receive the keys.

IF YOU FILL OUT THE ON-LINE VERSION OF THIS APPLICATION AT "HOTLOCATIONREALTY.COM", PLEASE PRINT AND SIGN THE FORM AND EMAIL IT TO UNYPO@AOL.COM OR FAX TO 212-292-2709.

Applicant's Signature. _____

GUARANTOR INFORMATION - required (please type or write clearly, illegible writing causes delays)

This guarantee is for: (applicant's name) _____ building _____ apt # _____ Rent \$ _____.

Attention guarantor: your guaranty will remain in full force and effect for twenty (20) years or until tenant physically surrenders the keys and apartment to Landlord.

AUTHORIZATION RELEASE - For personal Data Record Information

TO WHOM IT MAY CONCERN - I hereby authorize and request any employer, police dept., law enforcement agency, credit bureau, financial institution and all persons having personal knowledge about me, to furnish the bearer of this release with the answers to any information within their knowledge regarding me. I agree to hold any and all parties blameless and free of any liability for releasing any truthful information that is within their knowledge or records. I am willing to have a photocopy of this authorization be accepted with the same authority as the original. Based upon this authorization request I waive any written notice from a present or former employer. I understand that this authorization is a part of Apartment Rental Application, and that all the information supplied by me are accurate to the best of my knowledge. Any false information furnished (either intentionally or unintentionally) may result in my application being denied.

Last name: _____ First name _____ MI: _____
Social Security number: _____ - _____ - _____ Date of birth: _____ / _____ / _____
Driver's license number: _____ Email work _____ Email home _____
Address: _____ Apartment number: _____
City: _____ State: _____ Zip code: _____
Home phone number: (_____) _____ - _____ Name this phone is listed under: _____
Years at this address: _____ Monthly rent: \$ _____ or Monthly mortgage payments _____
Landlord's/Agent's name: _____ Phone number: (_____) _____
Landlord's/Agent's address: _____
Landlord's or Agent's email address: _____
Have you ever sued anyone? [] yes [] no If yes state dates legal action was started _____
Has a landlord ever sued you for non-payment of rent or repossession? _____
Have you ever received any form of monetary or other compensation from any landlord? _____

ABOUT YOUR EMPLOYMENT (please print or type clearly. Illegible writing will delay processing)

Employer's name: _____ Person to contact: _____
Address: _____ City: _____ State: _____ Zip code: _____
Telephone number: (_____) _____ - _____ Is it a telephone business listing: Yes _____ No _____
Position: _____ Years there: _____ Gross Annual Salary: \$ _____
Describe (in detail) your employer's occupation _____
Can you fax us your employers business card and letterhead [] yes [] no if no, please explain why _____

The undersigned Guarantor guarantees to Owner for twenty (20) years the strict performance of and observance by Tenant of all the agreements, provisions and rules in the attached lease. Guarantor agrees to waive all notices when Tenant is not paying rent or not observing and complying with all of the provisions of the attached Lease. Guarantor agrees to be equally liable with Tenant so that Owner may sue Guarantor directly without first suing Tenant. The Guarantor further agrees that his guaranty shall remain in full effect even if the Lease is renewed, changed (including but not limited to a change of rental apt. or unit, change in rental dollar amount) or extended in any way and even if Owner has to make a claim against Guarantor. Owner and Guarantor agree to waive trial by jury in any action, proceeding or counterclaim brought against the other on any matters concerning the attached Lease or the Guaranty.

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Guarantor's Signature _____ **Witness** _____

Dated, New York City _____, 201_____, Address _____

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Please make out all checks to "THE MANAGEMENT SHOP OF NEW YORK, LLC." YOU MAY ALSO FILL OUT AN ON-LINE VERSION OF THIS APPLICATION -WWW.HOTLOCATIONREALTY.COM. Please fax the above application to the Management at: (212)-292-2709 or deliver to: 139 Fulton Street Suite #300, New York, New York 10038.

2nd GUARANTOR INFORMATION - required (please type or write clearly, illegible writing causes delays)

This guarantee is for: (applicant's name) _____ building _____ apt # _____ Rent \$ _____.

Attention guarantor: your guaranty will remain in full force and effect for twenty (20) years or until tenant physically surrenders the keys and apartment to Landlord.

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TO WHOM IT MAY CONCERN - I hereby authorize and request any employer, police dept., law enforcement agency, credit bureau, financial institution and all persons having personal knowledge about me, to furnish the bearer of this release with the answers to any information within their knowledge regarding me. I agree to hold any and all parties blameless and free of any liability for releasing any truthful information that is within their knowledge or records. I am willing to have a photocopy of this authorization be accepted with the same authority as the original. Based upon this authorization request I waive any written notice from a present or former employer. I understand that this authorization is a part of Apartment Rental Application, and that all the information supplied by me are accurate to the best of my knowledge. Any false information furnished (either intentionally or unintentionally) may result in my application being denied.

Last name: _____ First name _____ MI: _____
Social Security number: _____ - _____ - _____ Date of birth: _____ / _____ / _____
Driver's license number: _____ Email work _____ Email home _____
Address: _____ Apartment number: _____
City: _____ State: _____ Zip code: _____
Home phone number: (_____) _____ - _____ Name this phone is listed under: _____
Years at this address: _____ Monthly rent: \$ _____ or Monthly mortgage payments _____
Landlord's/Agent's name: _____ Phone number: (_____) _____
Landlord's/Agent's address: _____
Landlord's or Agent's email address: _____
Have you ever sued anyone? [] yes [] no If yes state dates legal action was started _____
Has a landlord ever sued you for non-payment of rent or repossession? _____
Have you ever received any form of monetary or other compensation from any landlord? _____

ABOUT YOUR EMPLOYMENT (please print or type clearly. Illegible writing will delay processing)

Employer's name: _____ Person to contact: _____
Address: _____ City: _____ State: _____ Zip code: _____
Telephone number: (_____) _____ - _____ Is it a telephone business listing: Yes _____ No _____
Position: _____ Years there: _____ Gross Annual Salary: \$ _____
Describe (in detail) your employer's occupation _____
Can you fax us your employers business card and letterhead []yes []no if no, please explain why _____

The undersigned Guarantor guarantees to Owner for twenty (20) years the strict performance of and observance by Tenant of all the agreements, provisions and rules in the attached lease. Guarantor agrees to waive all notices when Tenant is not paying rent or not observing and complying with all of the provisions of the attached Lease. Guarantor agrees to be equally liable with Tenant so that Owner may sue Guarantor directly without first suing Tenant. The Guarantor further agrees that his guaranty shall remain in full effect even if the Lease is renewed, changed (including but not limited to a change of rental apt. or unit, change in rental dollar amount) or extended in any way and even if Owner has to make a claim against Guarantor. Owner and Guarantor agree to waive trial by jury in any action, proceeding or counterclaim brought against the other on any matters concerning the attached Lease or the Guaranty.

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Guarantor's Signature _____ **Witness** _____

Dated, New York City _____, 201_____, Address _____

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