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| Building: \_244 West 99th Street\_, NY 10025 Room number # TBC Landlord: \_Studios 99, LLC \_ Lease Start Date: Lease End Date: Lease Term: months and nights Monthly Rent: $ Security: $ none Deposit Fee: |

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| **I understand and accept that any/all down payments are non-refundable.**  (initials)How did you find Studios 99? Studios 99 Website Facebook Friend/Family   |

 **Applicant Information:**

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| --- |
| Name: Social Security Number: Home Telephone: Business Telephone: Cellular Telephone: Date of Birth:  (MM/DD/YYYY)E-Mail Address:  |

 **Residency:**

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| --- |
| Present Address:  Landlord’s Address: City, State, and Zip: City, State, and Zip: Landlord’s Name: Landlord’s Telephone Number: How long have you been at this address? Monthly Rent: $ Previous Address: (If current is less than 2 yearsLandlord’s Name: Landlord’s Address: Landlord’s Telephone: How long have you been at this address? Monthly Rent: $  |

 **Employment:**

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| --- |
| Company Name: Company Address: Job Description: Supervisor’s Name: Telephone Number: Annual Salary: $ Length of Employment:  |

 **IN CASE OF EMERGENCY PLEASE NOTIFY**:

Name: Address:

Telephone Number: Relationship to you:

**Authorization to Release Information:**

I hereby authorize BUILDING MANAGEMENT and/or their assigned credit bureau to obtain any and all information regarding my employment, checking and/or savings accounts, credit obligation, rental information and all other credit matters which they may require in connection to lease an apartment. This consent is effective for a period of six months from the date of this consent.

This form may be reproduced or photocopied and that shall be as effective as the original which I have signed.

Signed: Date: