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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 years  Landlord’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: