



Carnegie Hill **PLACE**

APPLICATION PROCEDURE

To expedite your application approval process, please supply the following information within **3 business days**.

Please eMail or fax all documents directly to:
Carnegie Hill Place/1510 Leasing Office
eMail: leasing@carnegiehillplace.com or
Fax: 212-996-8060

APPLICATION REQUIREMENTS

- ___ Completed Rental Application
- ___ Application Fee – **payable to The Credential Researchers, Ltd.**
 - \$75.00 – Fee for each U.S. resident applicant;
 - \$85.00 – Fee for each non-U.S. resident applicant;
 - \$175.00 – Fee for each U.S. corporate applicant
- ___ Photo I.D. (passport, driver's license)
- ___ Copy of 3 most recent pay-stubs or a letter of employment (if currently employed)
- ___ Employer offer letter or contract (if newly hired)
- ___ Bank and/or brokerage statement(s) showing minimum of 3 months of rent on deposit
- ___ Landlord letter of reference or 3 cancelled rent checks

If applicant is self-employed, you must also provide:

- ___ Copy of Federal income tax returns for past 2 years
- ___ Letter from CPA (must provide license number).
If self prepared, must provide copy of 1099s, contracts or other supporting materials.
- ___ Bank statements or other financial documents indicating your account balance(s)

If applicant is a corporate entity, you must provide:

- ___ Copy of company's annual report
- ___ Copy of company's income statement and balance sheet
- ___ Corporate resolution, signed by an officer with corporate seal affixed

No later than **3 business days** after applying for an apartment, applicant(s) must provide **2 separate official bank or certified checks** for first month of rent and security deposit, payable to:

- If 1510 Lexington Avenue - 1510 Associates LLC
- If 1500 Lexington Avenue - 1500 Lexington Associates LLC
- If 1501 Lexington Avenue - 1501 Associates, L.P.



Carnegie Hill PLACE

INDIVIDUAL RENTAL APPLICATION

BUILDING: 1510 1500 1501 APARTMENT #: _____ DATE OF APPLC: ____/____/20____

MONTHLY RENT: \$ _____ LEASE TERM: 1 Year 2 Year LEASE START DATE: _____

FULL NAME

First: _____ Middle: _____ Last: _____ SS #: ____ - ____ - ____

CONTACT INFORMATION (Please include Area Code) Date of Birth: (MM/DD/YYYY) ____/____/____

Work: _____ Home: _____ Cell: _____

eMail Address: _____

OTHER APARTMENT OCCUPANTS	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY #	DATE OF BIRTH
1			
2			
3			

CURRENT EMPLOYMENT INFORMATION

Employed Self-Employed Retired Student Unemployed

Employer: _____ Length of Employment: _____

Employer's Address: _____

Position: _____ Annual Income: _____ Bonus: _____

Supervisor's Name: _____ Telephone: _____

COMPLETE IF LENGTH OF TIME AT CURRENT EMPLOYER IS LESS THAN TWO YEARS

Previous Employer: _____ Length of Employment: _____

Employer's Address: _____

Position: _____ Annual Income: _____ Bonus: _____

Supervisor's Name: _____ Telephone: _____

Previous Employer: _____ Length of Employment: _____

Employer's Address: _____

Position: _____ Annual Income: _____ Bonus: _____

Supervisor's Name: _____ Telephone: _____

ADDITIONAL INCOME (IF ANY), ANY PETS, EMERGENCY CONTACT NAME

Please Specify Annual Amount and Source of Additional Income: _____

Do you have any Pets? Yes No Please specify each pet, including type, breed, age, weight (when full grown), name, etc.:

Emergency Contact Name: _____ Phone: _____

RESIDENTIAL HISTORY

Current Address: _____ City: _____ State: _____ Zip Code: _____

Length of Time at This Address: _____ Landlord Name (or Mortgage Holder): _____

Landlord Phone Number: _____ Monthly Payment: _____

COMPLETE IF LENGTH OF TIME AT CURRENT RESIDENCE IS LESS THAN TWO YEARS

Previous Address: _____ City: _____ State: _____ Zip Code: _____

Length of Time at This Address: _____ Landlord Name (or Mortgage Holder): _____

Landlord Phone Number: _____ Monthly Payment: _____

REFERENCES (IF APPLICABLE)

Bank or Institution Name: _____ Address: _____

Account Officer: _____ Phone Number: _____

Account Number 1: _____ Checking Savings Securities

Account Number 2: _____ Checking Savings Securities

Account Number 3: _____ Checking Savings Securities

Accountant's Name: _____ Phone Number: _____

Accountant's Address: _____

Attorney's Name: _____ Phone Number: _____

Attorney's Address: _____

AUTHORIZATION AND AGREEMENT

PLEASE READ CAREFULLY

The Landlord will in no event be bound, nor will possession of the apartment be given, unless and until a lease executed by the Landlord has been delivered to the applicant. The Leasing Consultant shall in no event be liable concerning this application, or concerning any act of the Landlord, or failure to act on the part of the Landlord, in connection with this application or in connection with any lease contemplated herein. No representations or agreements by consultants, brokers or others are binding on the Landlord or its Leasing Consultant unless included in writing in the lease.

I hereby warrant that all my representations set forth herein are true. I recognize that the information contained herein is essential to the Landlord's decision to lease an apartment to me and that any misstatement I make on this application or in the information supporting this application, constitutes a material breach of the lease contemplated herein. I represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from an apartment, nor am I now being dispossessed. I represent that I am over 18 years of age.

I understand that I have the right, under Section 8068 of the Fair Credit Reporting Act, to obtain, within a reasonable time, a copy of my Credit Report which is available via Experian (www.experian.com) or by phone on 866-200-6020) and/or TransUnion (www.transunion.com). I understand, upon submission, this application and all supporting documents become the property of the Landlord and will not be returned to me.

I authorize the verification of the above referenced information and its release to the Landlord and its Consultant and other parties connected with the lease contemplated herein. I authorize Credential Researchers, Ltd. to obtain my credit report and to verify any information on this application and any other information which the Landlord deems pertinent to leasing me an apartment. I will supply any other information required by the Landlord in connection with the lease contemplated herein. I understand that the application processing fee is non-refundable.

Applicant Signature: _____ Date: _____



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

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 OR FINANCIAL INSTITUTION:

TO: _____
(Company Name) (Contact/Title)

_____ (Phone Number) _____ (Fax Number)

ACCOUNTANT: (if self-employed or have income in addition to 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 backup to the Credential Researchers, Ltd.

Applicant Name: _____
(Please Print)

Applicant Signature: _____

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

FOR CONFIDENTIAL USE ONLY

Credit Card Authorization

Applicant Information:

Application #: _____
(Internal Use Only)

Building (check one): 1510 Lexington Avenue
 1500 Lexington Avenue Apt #: _____
 1501 Lexington Avenue

Applicant Name(s): _____

Applicant eMail Address: _____

Terms: The name that will appear on your credit card statement is '*The Credential Researchers, Ltd*'. An administrative surcharge of \$20.00 will be imposed on any transaction that is protested or denied by the Applicant. The credit checking fee is non-refundable. PLEASE KEEP A COPY OF THIS AUTHORIZATION FORM AS YOUR RECEIPT.

Card (please check one): Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____ 3 or 4 Digit Security Code: _____

Cardholder's Name: _____

Card Issuer Information:

Phone Number: _____
(From Back of Credit Card)

Cardholder's Billing Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Amount to be Charged to Credit Card: \$ _____

I hereby authorize ***The Credential Researchers, Ltd*** to charge my credit card as described above for tenant screening services to be rendered pursuant to an application for tenancy at the property described below.

Cardholder's Signature

Date