



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.**
 - \$85.00 – Fee for each U.S. or 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



INDIVIDUAL RENTAL APPLICATION

BUILDING: 1510 1500 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

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 and their consultants shall in no event be liable concerning this application or failure to act 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 consultants 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, upon submission, this application and all supporting documents become the property of the Landlord and will not be returned to me.

Pursuant to United States and New York State laws, (i) Landlord will use information provided by me to obtain a tenant screening report; (ii) if Landlord takes adverse action against me as a prospective tenant on the basis of information contained in this tenant screening report, I will be notified that such action was taken and will receive the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken; (iii) as a prospective tenant against whom adverse action was taken based on information contained in a tenant screening report, I have the right to inspect and receive a free copy of such report by contacting the named consumer reporting agency; and (iv) every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report that should be obtained from www.AnnualCreditReport.com; and (v) every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.

The consumer reporting agency which does tenant screening for Carnegie Hill Place and 1510 Lexington Avenue is The Credential Researchers, Ltd. Once an application has been processed, Applicant may contact The Credential Researchers, Ltd. directly by mail at 119 West 72nd Street, Suite 364, New York, NY 10023 or by phone on 212-873-8290 or 866-873-8290.

I authorize the verification of the above referenced information and its release to the Landlord, their consultants, agents and other parties connected with the lease contemplated herein. I hereby 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: _____



119 West 72th Street, Suite 364
New York, NY 10023
PH: 212.873.8290 FAX: 212.873.2769
www.credentialresearchers.com

**AUTHORIZATION TO RELEASE INFORMATION TO
THE CREDENTIAL RESEARCHERS, LTD.**

Pursuant to my application for a residential apartment lease with:

Building (check one): 1500 or 1510 **Lexington Avenue,**

I hereby authorize the release of any and all information regarding:

- My current and past employment including positions held and salary/wages earned;
- My current and past residences including the performance of my obligations as a tenant;
- My current accounts held at financial institutions, including their current balances;
- Present and past income; and
- Any assets which I have declared on my tenant application in order to qualify for the residential lease I am seeking.

I hereby authorize all current and past employers, landlords, banks, financial institutions, and tax professionals to release the information described above to The Credential Researchers, Ltd.

In addition, I authorize all current and past employers, landlords, banks, financial institutions, and tax professionals to provide written documentation of the information described above to: The Credential Researchers, Ltd., 119 West 72nd Street, Suite 364, New York, NY 10023, Phone: (212) 873-8290, Fax: (212) 873-2769.

I hereby acknowledge that a photocopy or facsimile of this signed document shall be considered as valid as an original when presented by The Credential Researchers, Ltd. to any of my current or past employers, landlords, banks, financial institutions or tax professionals.

Applicant's Signature

Date

Applicant's Name (Printed)

Last 4 digits of SSN

Note to Apartment Applicant: To expedite processing of your application, please advise your current and past employers, landlords, banks, financial institutions and tax professionals that The Credential Researchers, Ltd. will be contacting them. Please indicate the importance of a prompt response. Thank you.



119 West 72th Street, Suite 364
New York, NY 10023
PH: 212.873.8290 FAX: 212.873.2769
www.CredentialResearchers.com

Payment Authorization

Building (check one): 1510 Lexington Avenue
 1500 Lexington Avenue

Apartment #: _____

Applicant Information:

Applicant Name(s): _____

Applicant eMail Address: _____

Credit Card (please check one): Visa MasterCard American Express

Cardholder's Name: _____

Last 4 Digits of Credit Card Number: _____

For confidentiality/security reasons, you will need to provide complete credit card information to Leasing Office representative either in person or via phone.

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 above. **This fee is nonrefundable.**

Cardholder's Signature

Date