



## 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](mailto:Leasing@CarnegieHillPlace.com) or  
Fax: 212-996-8060

## APPLICATION REQUIREMENTS

- Completed Rental Application
- Applicant Screening Fee – **payable to The Credential Researchers, Ltd.**
  - **\$20.00** – Fee for each U.S. or non-U.S. resident 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 signed 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, please contact our Leasing Office and request a copy of our Corporate Rental Application.**

No later than **3 business days** after applying for an apartment, applicant(s) must provide **2 separate official bank 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**

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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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 apartment 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 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 an applicant screening report; (ii) if Landlord takes adverse action against me as a prospective tenant on the basis of information contained in this applicant 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 applicant 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 an applicant 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 applicant screening report from each national consumer reporting agency annually, in addition to a credit report that should be obtained from [www.AnnualCreditReport.com](http://www.AnnualCreditReport.com); and (v) every tenant or prospective tenant may dispute inaccurate or incorrect information contained in an applicant screening report directly with the consumer reporting agency.

The consumer reporting agency which does applicant 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 applicant screening fee is non-refundable.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



119 West 72<sup>th</sup> Street, Suite 364  
New York, NY 10023  
PH: 212.873.8290 FAX: 212.873.2769  
[www.credentialresearchers.com](http://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 72<sup>nd</sup> 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 72<sup>th</sup> Street, Suite 364  
New York, NY 10023  
PH: 212.873.8290 FAX: 212.873.2769  
[www.CredentialResearchers.com](http://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 applicant screening services to be rendered pursuant to an application for tenancy at the property described above. **This fee is nonrefundable.**

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date