

ELYACHAR PROPERTIES LLC

1100 MADISON AVENUE SUITE 2L
NEW YORK, NY 10028
TELEPHONE | 212-754-4001

APPLICATION FOR LEASE

Building (Please check ONE):

Gerel | 1100 Madison Ave Apartment #: _____ Price: _____
Timston | 250 East 39th Street Agent Name: _____
Ruradan | 8 East 48th Street Agent Phone #: _____

Desired Date of Occupancy: _____ Agent Email: _____

Applicant Name: _____ Social Security # _____
Married _____ Single _____ Divorced _____ Separated _____
Date of Birth: _____ Driver's License Number: _____ State: _____
Home Telephone: _____ Cellular Telephone: _____
Email Address: _____

Present Address: _____
Street City/State Zip

Landlord's Name: _____ Landlord Telephone: _____

Landlord's Address: _____

How Long at Present Address: _____ Rent: _____

Employer*: _____ Employer's Address: _____
Supervisor's Name: _____ Telephone Number: _____
Position: _____ Length of Employment: _____ Salary: _____

*IF SELF-EMPLOYED, LETTER FROM YOUR C.P.A. OR COPY OF MOST RECENT TAX RETURN REQUIRED

Other Persons Who Will Occupy the Apartment With You:

Name: _____ Age: __ Sex: __ Employer: _____ Salary: _____ SS #: _____

Name: _____ Age: __ Sex: __ Employer: _____ Salary: _____ SS #: _____

Do you own a pet? _____ Type: _____ Breed: _____ Age: _____ Weight: _____

<u>Checking Account:</u>
Bank: _____ Account #: _____ Balance: _____
<u>Savings Account:</u>
Bank: _____ Account #: _____ Balance: _____

Business References:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Personal References:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Authorization to Release Information:

I hereby authorize Elyachar Properties LLC and/or their assigned credit bureau to obtain any and all information regarding my employment, references, 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: _____

DEPOSIT: TO HOLD APARTMENT DURING APPLICATION PROCESS: <i>DEPOSIT TERMS SET FORTH ON SEPARATE DEPOSIT RECEIPT</i>	\$500
APPLICATION FEE: FOR EACH SOCIAL SECURITY NUMBER OF APPLICANT/S AND/OR GUARANTOR/S.	\$75

DEPOSIT: \$500
OF APPLICANTS: _____ X \$75 = \$ _____
OF GUARANTORS: _____ X \$75 = \$ _____

TOTAL MONEY DUE: _____

ALL PAYMENT (application fees/deposit) MUST BE MADE TO THE RESPECTIVE BUILDING YOU ARE INTERESTED IN.

(i.e. If you are applying to 1100 Madison Avenue, make the payment out to Gerel Corporation; for 250 East 39th Street: Timston Corporation; for 8 East 48th Street: Ruradan Corporation)

During the application process, we only accept either a cashier's check or money order as forms of payment. WE DO NOT ACCEPT CASH OR PERSONAL CHECKS DURING THE APPLICATION PROCESS PERIOD. After your lease signing, you will be able to make future payments with personal checks, cashier's check and/or money orders.

****Please note that there will be a non-refundable \$350 fee for all pets at the time of lease signing.****

Items to Be Submitted Along With Application:

- Letter from Previous Landlord Verifying Timely Rental Payments
- Latest Tax Return
- Copy of Last Two Salary Statements and Bank Statement
- Copy of Gov't Issued Photo ID (License, Passport, etc.) and Copy of Social Security Card
- Employment Verification Letter

MOVERS MUST FURNISH LANDLORD WITH CERTIFICATE OF INSURANCE NAMING LANDLORD AS ADDITIONAL INSURED, PRIOR TO MOVE IN.