

VESTA 17 CONDOMINIUM – Lease Application

Dear Prospective Resident:

Thank you for your interest in Vesta 17 Condominium – 201 West 17th Street.

Enclosed is your Lease Application. Please read all pages carefully and make sure to complete the application in its entirety. Applications that are incomplete or missing any documentation will not be accepted for processing and will be returned to the applicant.

Please complete and forward the application, along with required documents and fees, directly to Argo Real Estate, LLC for processing.

For your convenience, a digital copy of this application is available as a fillable PDF on our website www.argo.com.

If you have any questions regarding your application or interview procedures, please contact the Transfer Department at Argo Real Estate on (212) 896-8697.

Sincerely,

ARGO REAL ESTATE, LLC

Transfer Department

Please be advised:

-a tenant may NOT move any belongings of theirs into the apartment until the board of managers issues the waiver of the right of first refusal.

VESTA 17 CONDOMINIUM – Required Documents & Important Information

The following is a list of the items that you are required to submit for the board to review your application. Please be sure to provide all the information requested. Applications received that are missing ANY of the following items will NOT be accepted for processing and will be returned to the applicant.

Important Information (please read carefully before completing your application)

Please submit one (1) original, and three (3) collated set of the completed application package. Please make sure that application packages contain ALL required documentation. All documents should be provided as single sided (NOT printed on both sides), and be free of any staples or small paper clips. Required documents may be separated by dividers. Please note that documents will not be returned and that the applicant is advised to retain a copy for their records.

1. No application will be considered by the board until the unit owner is current on all obligations to the condominium corporation.
2. The Board of Managers may request additional information and/or documentation to support the information provided with the application.

Complete & Return the Following Forms Provided

- 1. Lease Application (5 pages)
*MUST BE COMPLETED IN ITS ENTIRETY & SIGNED. APPLICATION WILL NOT BE REVIEWED IF SECTIONS ARE LEFT BLANK.
MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK*
- 2. Lease Application Fees Acknowledgement Form (1 page)
MUST SIGNED BY APPLICANT(S).
- 3. Credit Report Authorization Form (1 page)
*MUST INCLUDE SOCIAL SECURITY NUMBER AND US RESIDENTIAL ADDRESS (NO P.O. BOXES)
MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK*
- 4. House Rules Acknowledgement Form (1 page)
MUST BE SIGNED BY APPLICANT(S).
- 5. Window Guards Notice (1 page)
MUST BE SIGNED BY APPLICANT(S).
- 6. Bed Bug Affidavit (1 page)
MUST BE SIGNED BY BOTH UNIT OWNER AND TENANT.

Provide the Following Documentation

- 1. Copy of Lease, including all riders if applicable (Blumberg Form #A101)
MUST BE EXECUTED BY ALL PARTIES. Available for purchase at <http://www.blumberlegalforms.com/Forms/101.pdf>
- 2. Current Landlord / Managing Agent Reference Letter
MUST INCLUDE MONTHLY RENT, LENGTH OF OCCUPANCY, REFEREE'S CONTACT INFORMATION, AND BE SIGNED & DATED.
IF YOU CURRENTLY OWN YOUR OWN HOME, PLEASE PROVIDE PROOF OF OWNERSHIP AND EXPLANATION OF PLANS FOR THAT RESIDENCE.
- 3. Bank Reference Letters
MUST BE ON COMPANY LETTERHEAD, SIGNED, DATED, AND STATE TYPE OF ACCOUNT, AMOUNT ON DEPOSIT IN DOLLARS AND AGE OF ACCOUNT.
- 4. Photocopy of Valid Government Issued Photo I.D. for All Adult Occupants

Additional Information (for your review only, please DO NOT return)

- 1. House Rules and Policies

Address for Delivery of Application Packages

Please submit all completed application packages, along with fees, directly to:

ARGO REAL ESTATE, LLC
Attn: Transfer Department
50 W. 17th Street, 7th Floor
New York, NY 10011

All inquiries concerning applications and interview procedures should be directed to the Transfer Department at Argo Real Estate (212) 896-8697.

VESTA 17 CONDOMINIUM – Lease Application Fees Acknowledgement

The following is the schedule of fees required with the submission of all applications. All checks can be personal checks unless otherwise noted.

Fees Due Upon Submission

1.	\$750.00	Application Processing Fee (non-refundable)	Payable to: ARGO REAL ESTATE, LLC
2.	\$45.00	Credit Check Fee/per person (non-refundable)	Payable to: ARGO REAL ESTATE, LLC
3.	\$500.00	Application Processing Fee (non-refundable)	Payable to: VESTA 17 CONDOMINIUM
4.	\$500.00	Move-In Elevator Fee from Tenant (non-refundable)	Payable to: VESTA 17 CONDOMINIUM
5.	\$500.00	Move-Out Elevator Fee from Unit Owner (non-refundable)	Payable to: VESTA 17 CONDOMINIUM
6.	\$1,000.00	Or amount equal to 1 Months Common Charges (whichever is greater) as a leasing fee	Payable to: VESTA 17 CONDOMINIUM

AUTHORIZATION OF ELECTRONIC DEBIT:

You are hereby on notice that all checks submitted to this office can be processed electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution. By submitting a check for payment, you are authorizing us to initiate an electronic debit from your bank or asset account as early as the same day the check is received in our office. Please note that you will not receive a cancelled check with your bank or asset account statement with respect to any checks processed electronically, but such amounts will appear as debits on the statement issued by your bank or asset account.

Fees Acknowledgement

I /We hereby acknowledge that all fees paid pursuant to this application are non-refundable, unless otherwise noted.

Applicant's Signature

Date:

Co- Applicant's Signature

Date:

Condominium Lease Application Information

Building Address: _____ Apt #: _____
Monthly Rent: _____ Annual Rent: _____
Security Deposit: _____ Length of Lease: _____
Lease Start Date: _____ Lease End Date: _____
Special Conditions (if any): _____

Unit Owner(s) / Landlord

Primary Unit Owner: _____
Additional Unit Owner: _____
Phone: _____ Cell: _____ Email: _____
Present Address: _____ City: _____ State: _____ Zip: _____
Forwarding Address: _____ City: _____ State: _____ Zip: _____
Landlord's Broker (if any): _____ Phone: _____ Email: _____

Applicant(s) / Tenant(s)

Applicant Name: _____ SS#: _____
Phone: _____ Cell: _____ Email: _____
Co- Applicant Name: _____ SS#: _____
Phone: _____ Cell: _____ Email: _____
Applicant's Broker (if any): _____ Phone: _____ Email: _____

Condominium Corporation

Condo Corporation Name: _____
Address for Notices: _____ City: _____ State: _____ Zip: _____
c/o (Managing Agent): _____

Residence History

Applicant

Present Address: _____ City: _____ State: _____ Zip: _____

Length of Residency: _____ Monthly Rent / Mortgage Payment: _____

Landlord / Managing Agent: _____ Phone: _____ Fax: _____

If owned, list Mortgage Lender and Account Number: _____

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

Length of Residency: _____ Monthly Rent / Mortgage Payment: _____

Landlord / Managing Agent: _____ Phone: _____ Fax: _____

If owned, list Mortgage Lender and Account Number: _____

Co-Applicant

Present Address: _____ City: _____ State: _____ Zip: _____

Length of Residency: _____ Monthly Rent / Mortgage Payment: _____

Landlord / Managing Agent: _____ Phone: _____ Fax: _____

If owned, list Mortgage Lender and Account Number: _____

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

Length of Residency: _____ Monthly Rent / Mortgage Payment: _____

Landlord / Managing Agent: _____ Phone: _____ Fax: _____

If owned, list Mortgage Lender and Account Number: _____

Employment Information

Applicant

Employer: _____ Phone: _____ Fax: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Length of Employment: _____ Annual Income: _____

Co-Applicant

Employer: _____ Phone: _____ Fax: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Length of Employment: _____ Annual Income: _____

Business / Professional References

Applicant

Co-Applicant

1. Name: _____

1. Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

Title / Position: _____

Title / Position: _____

Phone: _____

Phone: _____

2. Name: _____

2. Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

Title / Position: _____

Title / Position: _____

Phone: _____

Phone: _____

Personal References

Applicant

Co-Applicant

1. Name: _____

1. Name: _____

Address: _____

Address: _____

Relationship to Applicant: _____

Relationship to Applicant: _____

Phone: _____

Phone: _____

2. Name: _____

2. Name: _____

Address: _____

Address: _____

Relationship to Applicant: _____

Relationship to Applicant: _____

Phone: _____

Phone: _____

Bank References

Applicant

Co-Applicant

Checking Account #: _____

Checking Account #: _____

Bank: _____

Bank: _____

Savings Account #: _____

Savings Account #: _____

Bank: _____

Bank: _____

Additional Information

Please list the name, relationship and Social Security Number of each person who will reside in the apartment (be sure to include yourself as a proposed occupant(s)).

Name

Relationship

Social Security No.

Additional Information [cont]

Please answer the following: (if any of these questions are answered "YES", please provide details in the space provided or attach additional pages if needed)

1. Do the applicants own any Real Property or Co-operative Apartments? YES NO
 if yes, list address(es): _____
 Lender: _____ Balance of Loan: _____ Current Market Value: _____
2. Are you now, or in the past five (5) years have you been, privy to any lawsuits or other legal actions? YES NO
 please describe: _____
3. Has the applicant(s) and/or occupant(s) ever been convicted of a felony? YES NO
 please describe: _____
4. Are there any outstanding judgments against you? YES NO
 please describe: _____
5. Is either the Applicant or Co-Applicant obliged to pay Alimony, Child Support, or Separate Maintenance? YES NO
 please describe: _____
6. Is either the Applicant or Co-Applicant party in a lawsuit? YES NO
 please describe: _____
7. Do you plan to keep any pets in this apartment? YES NO
 please describe (species/breed/weight/age/etc): _____
8. Do you plan to play any musical instruments in this apartment? YES NO
 please describe: _____

Representations / Authorizations

The undersigned applicant(s) understand(s) that the consent of the condominium board is required under the terms of the bylaws to the proposed lease thereof and that the board of managers will rely on the information furnished above. The undersigned applicant(s) also agree(s) to meet in person with representatives of the corporation. Applicant(s) understand(s) that the corporation reserves the right to request further information from the Applicant(s). The condominium corporation, its officers, agents, and board of directors shall have no liability with respect to any matter or concerning any act of the unit in connection with any contact contemplated herein.

This application is submitted on behalf of the current unit owner(s) listed on this application and are to whom the condominium corporation will respond. The applicant(s) understand(s) that he has no contractual or other relationship with the condominium corporation and any claims are limited solely to the unit owner.

The unit owner(s) and applicant(s) represent to the condominium corporation, its board of managers, officers, and agents that the applicant(s) are leasing the premises for the purpose of occupying same as a principal residence. The applicant(s) represent(s) that he will not allow any person or persons to occupy the premises except in accordance with the provisions of the lease, by-laws, and rules and regulations of the condominium corporation as same may be amended from time to time. The applicants) further represent(s) that the premises will be occupied only by those persons listed on this application. Said representations will survive the entire lease period and any subsequent lease periods.

All the representations and statements made by the unit owner(s) and applicant(s) are made with full knowledge that they will be relied upon by the condominium corporation, its board of managers, officers, and agents in connection with the application of the unit owner(s) and applicant(s) represent(s) that they are familiar with the lease, the by-laws, and rules and regulations of the condominium corporation, as some have been amended and will comply with all the provisions thereof. The condominium corporation, its board of managers, officers, and agents may rely upon this representation.

Applicant's Signature	Date:	Co-Applicant's Signature	Date:
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Unit Owner's Signature	Date:	Unit Owner's Signature	Date:
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The undersigned authorizes the condominium corporation or its agents to retain a credit reporting agency. This agency may obtain, prepare and furnish credit reports on my/our character, general reputation, personal characteristics, and mode of living. (The above complies with Section 606 of the Fair Credit Reporting Act.)

Applicant's Signature	Date:	Co-Applicant's Signature	Date:
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Guarantor Information (if required)

Please complete this section if you will be having a third party guarantee your full performance of the Lease.

Guarantor: _____ SS#: _____

Phone: _____ Cell: _____ Email: _____

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

Employer: _____ Phone: _____ Fax: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Length of Employment: _____ Annual Income: _____

Relationship to Applicant(s): _____

Any individual acting as a guarantor will need to provide the following supporting documentation:

1. Employment & Salary / Income Verification Letter
2. Bank Statement(s) for ALL Accounts (previous two (2) months)
3. Latest Federal Income Tax Returns, W2 forms and/or 1099 forms
4. Credit Report Authorization (and Applicable Fee)

Representations / Authorizations

The undersigned applicant(s) understand(s) that the consent of the condominium board is required under the terms of the bylaws to the proposed lease thereof and that the board of managers will rely on the information furnished above. The undersigned applicant(s) also agree(s) to meet in person with representatives of the corporation. Applicant(s) understand(s) that the corporation reserves the right to request further information from the Applicant(s). The condominium corporation, its officers, agents, and board of directors shall have no liability with respect to any matter or concerning any act of the unit in connection with any contact contemplated herein

This application is submitted on behalf of the current unit owner(s) listed on this application and are to whom the condominium corporation will respond. The applicant(s) understand(s) that he has no contractual or other relationship with the condominium corporation and any claims are limited solely to the unit owner.

The unit owner(s) and applicant(s) represent to the condominium corporation, its board of managers, officers, and agents that the applicant(s) are leasing the premises for the purpose of occupying same as a principal residence. The applicant(s) represent(s) that he will not allow any person or persons to occupy the premises except in accordance with the provisions of the lease, by-laws, and rules and regulations of the condominium corporation as same may be amended from time to time. The applicant(s) further represent(s) that the premises will be occupied only by those persons listed on this application. Said representations will survive the entire lease period and any subsequent lease periods.

All the representations and statements made by the shareholder(s) and applicant(s) are made with full knowledge that they will be relied upon by the condominium corporation, its board of managers, officers, and agents in connection with the application of the unit owner(s) and applicant(s) represent(s) that they are familiar with the lease, the by-laws, and rules and regulations of the condominium corporation, as some have been amended and will comply with all the provisions thereof. The condominium corporation, its board of managers, officers, and agents may rely upon this representation.

The undersigned authorizes the condominium corporation or its agents to retain a credit reporting agency. This agency may obtain, prepare and furnish credit reports on my/our character, general reputation, personal characteristics, and mode of living. (The above complies with Section 606 of the Fair Credit Reporting Act.)

Guarantor's Signature

Date:

Credit Report Authorization (page 1 of 2)

I/We authorize Argo Real Estate LLC and or/its agents to obtain a tenant background search or consumer report through **CoreLogic Saferent c/o Consumer Relations Department** 7300 Westmore Road, Suite 3, Rockville, MD 20850-523 and any other information it deems necessary, for the purpose of evaluating my application. I/We understand that such information may include, but is not limited to credit history, housing court, sex offender search, criminal background check, employment/income verification, prior residency verification and/or any other necessary information. I/We understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection, with respect to or in connection with the rental of a residence for which application was made. I/We agree to hold the above named company and procurer or furnisher of information, free from any liability what-so-ever in the use, procurement, or furnishing of such information. I/We further consent and authorize Argo Real Estate LLC and/or its agents to furnish this information to the Board of Directors, and/or its agents of the cooperative building or condominium to which I/We have applied, or to the Landlord of the rental apartment and his/her agents.

Pursuant to federal and state law:

1. If the Landlord takes adverse action against you on the basis of information contained in a tenant screening report, the Landlord must notify you that such action was taken and supply you with the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken;
2. If any adverse action is taken against you based on information contained in a consumer screening report, you have the right to inspect and receive a free copy of the report by contacting the consumer reporting agency;
3. Every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer credit reporting agency (Equifax, Experian and TransUnion) annually, in addition to a credit report that should be obtained from [.annualcreditreport.](#); and
4. Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Guarantor

Date

Credit Report Authorization Form (page 2 of 2)

Applicant's Name (print)

Applicant's Signature

Social Security #: _____ Date of Birth: _____ Phone: _____

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

Co-Applicant's Name (print)

Co-Applicant's Signature

Social Security #: _____ Date of Birth: _____ Phone: _____

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

Guarantor's Name (print)

Guarantor's Signature

Social Security #: _____ Date of Birth: _____ Phone: _____

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

Authorization for Electronic Debit:

You are hereby on notice that all checks submitted to this office can be processed electronically, at first presentment, and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number of your financial institution. By submitting a check for payment, you are authorizing us to initiate an electronic debit from your bank or asset account as early as the same day the check is received in our office. Please note that you will not receive a cancelled check with your bank or asset account statement with respect to any checks processed electronically, but such amounts will appear as debits on the statement issued by your bank or asset account.

Notice to Tenant or Occupant

WINDOW GUARDS REQUIRED

You are required by law to have window guards installed in all windows if a child 10 years of age or younger lives in your apartment.

Your landlord is required by law to install window guards in your apartment:

if a child 10 years of age or younger lives in your apartment,

OR

if you ask him to install window guards at any time (you need not give a reason).

It is a violation of law to refuse, interfere with installation, or remove window guards where required, or to fail to complete and return this form to your landlord.

Check One:

- Children 10 years of age or younger live in my apartment
- No Children 10 years of age or younger live in my apartment
- I want window guards even though I have no children 10 years of age or younger

Tenant's Name: _____
(Print)

Tenant's Signature: _____ Date: _____

Tenant's Address: _____ Apt #: _____

RETURN THIS FORM TO:



FOR FURTHER INFORMATION CALL:

Window Falls Prevention Program (212) 676-2158
New York City Department of Health
125 Worth Street, Room 222A
New York, NY 10013

**NOTICE TO TENANT
DISCLOSURE OF BEDBUG INFESTATION HISTORY**

Pursuant to the NYC Housing Maintenance Code, an owner/managing agent of residential rental property shall furnish to each tenant signing a vacancy lease a notice that sets forth the property's bedbug infestation history.

Name of tenant(s):

Subject Premises:

Apt. #:

Date of vacancy lease:

BEDBUG INFESTATION HISTORY
(Only boxes checked apply)

- There is no history of any bedbug infestation within the past year in the building or in any apartment.

- During the past year the building had a bedbug infestation history that has been the subject of eradication measures. The location of the infestation was on the _____ floor(s).

- During the past year the building had a bedbug infestation history on the _____ floor(s) and it has not been the subject of eradication measures.

- During the past year the apartment had a bedbug infestation history and eradication measures were employed.

- During the past year the apartment had a bedbug infestation history and eradication measures were not employed.

- Other: _____.

Signature of Tenant(s): _____ Dated: _____

Signature of Owner/Agent: _____ Dated: _____