

50 West 17th Street, New York, NY 10011 T: 212.896.8600 | F: 212.896.8666 | argo.com

Rental Application

Application Overview

Building Address: 210 WEST 101 ST STREET				Apt #:
Monthly Rent:		Security Deposit:		_
Lease Term (1 or 2 years):				
Lease Start Date:		Lease End Date:		
Primary Applicant:		_SS#:		
Phone:	Cell:		Email:	
0. A P				
Co-Applicant:		SS#:		
Phone:	Cell:		Email:	

Provide the Following Documentation

- 1. Employment & Salary / Income Verification Letter MUST BE ON COMPANY LETTERHEAD AND INCLUDE SALARY, LENGTH OF EMPLOYMENT, AND SUPERVISOR/HR CONTACT DETAILS. IF SELF EMPLOYED PLEASE ENCLOSE A NOTARIZED LETTER FROM YOUR C.P.A.
- 2. Bank Statement(s) for ALL Accounts (previous two (2) months)
 PROVIDE ALL PAGES OF EACH STATEMENT, INCLUDING BLANK PAGES AND COPIES OF CLEARED CHECKS.
- 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.
- 4. Latest Federal Income Tax Returns, W2 forms and/or 1099 forms.
 MUST INCLUDE ALL SCHEDULES & PAGES, AND BE SIGNED. APPLICATIONS SUBMITTED AFTER APRIL 15TH MUST INCLUDE MOST RECENT TAX RETURN OR A COPY OF YOUR EXTENSION AND THE TAX RETURN FOR THE PREVIOUS

Checks Due Upon Submission

1.	\$45.00	Credit Check Fee / per person (non-refundable)	Payable to:	ARGO REAL ESTATE, LLC
2.		1 st Months Rent (MUST be Certified/Cashier's Check)	Payable to:	JEMROCK REALTY COMPANY
3.		Security Deposit (MUST be Certified/Cashier's Check)	Payable to:	JEMROCK REALTY COMPANY
4.		Brokerage Fee (MUST be Certified/Cashier's Check)	Payable to:	ARGO REAL ESTATE, LLC

Rental Application [cont]

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Residence History

Applicant			
Current Address:	City:	State:	Zip:
Length of Residency:	Monthly Rent / Mortgage Payment:		
Landlord / Managing Agent:	Phone:	Fax:	
Previous Address:	City:	State:	Zip:
Length of Residency:	Monthly Rent / Mortgage Payment:		
Landlord / Managing Agent:	Phone:	Fax:	
<u>Co-Applicant</u>			
Current Address:	City:	State:	Zip:
Length of Residency:	Monthly Rent / Mortgage Payment:		
Landlord / Managing Agent:	Phone:	Fax:	
Previous Address:	City:	State:	_Zip:
Length of Residency:	Monthly Rent / Mortgage Payment:		
Landlord / Managing Agent:	Phone:	Fax:	
Employment Information			
Applicant			
Employer:	Phone:	Fax:	
Business Address:	City:	State:	Zip:
Length of Employment:	Annual Income:		
<u>Co-Applicant</u>			
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:	
Address:	
Relationship to Applicant:	
Phone:	Phone:

Bank References

Applicant	Co-Applicant
Checking Account #:	Checking Account #:
Bank: Branch:	Bank: Branch:
Savings Account #:	Savings Account #:
Bank: Branch:	Bank: Branch:
Other Account #:	Other Account #:
Bank: Branch:	Bank: Branch:

Statement of Income

ANNUAL AMOUNT:	APPLICANT	CO-APPLICANT
Base Salary:		
Overtime:		
Bonuses:		
Commissions:		
Dividends & Interest:		
Real Estate Income (NET):		
Alimony / Child Support:		
Other Income:		
TOTAL INCOME:		
	TOTAL COMBINED ANNUAL INCOME:	

Additional Information

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?			
	if yes, list address(es):			
	Lender:	Balance of Loan:	Current Market Value:	
2.	Do the applicants own any Co-operative Apartr	ments?		
	if yes, list address(es):			
	Lender:	Balance of Loan:	Current Market Value:	
3.	Do the applicants own any Stock or Bonds?			
	Company Name:	Stock / Bond #:	Description:	
	Company Name:	Stock / Bond #:	Description:	
4.	Do the applicants own any other assets?			\Box NO
	please describe:			
5.	Are there any outstanding judgments against e	ither the Applicant or Co-Appl	icant?	\Box NO
	please describe:			
6.	Has either the Applicant or Co-Applicant declar	red bankruptcy in the past 10 y	vears?	
	please describe:			
7.	Has either the Applicant or Co-Applicant had pr	roperty foreclosed upon or giv	en title or deed in lieu thereof?	
	please describe:			
8.	Is either the Applicant or Co-Applicant obliged	to pay Alimony, Child Support	or Separate Maintenance?	
	please describe:			
9.	Is either the Applicant or Co-Applicant party in	a lawsuit?		\Box NO
	please describe:			
10.	Is either the Applicant or Co-Applicant co-make	er or endorser of a note?		\Box NO
	please describe:			
11.	Do you plan to keep any pets in this apartment	?		\Box NO
	please describe (species/breed/weight/age/etc):			
12.	Do you plan to play any musical instruments in	this apartment?		
	please describe:			

Additional Information [cont]

Please list the name, relationship and Social Security Number of each person who will reside in the apartment besides the applicant and co-applicant.

Name	Relationship	Social Security No.

Guarantor Information

Please complete this section if you will be having a third	d party guarantee your full	performance of the Lease.			
Guarantor:		SS#:			
Phone:	Cell:		Email:		
Current Address:		City:	S	tate:	Zip:
Employer:		Phone:		Fax:	
Business Address:		City:	S	tate:	Zip:
Annual Income:	Length of Employment: _				
Relationship to Applicant(s):					
Any individual acting as a guarantor will need to provid	e the following supporting	documentation:			
1. Employment & Salary / Income Verification Letter	r				

- 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

Credit Release in Compliance with Section 606 of the Fair Credit Reporting Act:

The Undersigned authorize the Owner/Property Manager to retain credit reporting agencies to obtain, prepare and furnish credit reports concerning the Undersigned and to obtain information on our character, general reputation, personal characteristics and mode of living. This authorization automatically expires upon the termination of our tenancy.

Non-Military Representation:

The Undersigned represent that we are not members of any branch of the United States Military, and are not relying on the income of any member of the United States Military for financial support.

The foregoing application has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all information contained herein is complete, true and correct. Furthermore the applicant(s) acknowledge and authorize Argo Real Estate, LLC and/or its agents to verify any of the information provided.

Applicant's Signature	App	olicant's	Signature
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Date:

Co-Applicant's Signature

Date:



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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:

- 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 <u>.annualcreditreport.</u>; 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

<u>Credit Report Authorization Form</u> (page 2 of 2)

Applicant's Signature		
Date of Birth:	Phone:	
City:	State:	Zip:
Co-Applica	nt's Signature	
Date of Birth:	Phone:	
City:	State:	Zip:
Guarantor's	s Signature	
Date of Birth:	Phone:	
City:	Chata	
	Date of Birth: City: Co-Applica Date of Birth: City: City:	Date of Birth:Phone: City:State: Date of Birth:Phone: City:State: Guarantor's Signature Date of Birth:Phone:

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.

A·M ABIGAILMICHAELS

CONCIERGE

Registration for Concierge Services



CIRGO REAL ESTATE

Please email to <u>concierge@abigailmichaels.com</u> or fax to (212) 481-6366

Last Name	First Name
Address/Apt #	
Home Phone	Cell Phone
Email Address	
Move in Date	

I agree to be solely responsible for payment of the any fees to the vendors recommended by Abigail Michaels Concierge, Inc. Neither Abigail Michaels Concierge, Inc. nor Argo Real Estate LLC shall be responsible for any claim I may have against any such vendor. I will settle any disputes over payments as well as any claims directly with the vendor

Signature of Resident and Date

If you wish to "opt out" of Abigail Michaels' future email offers and promotions, please initial here



Call (212) 784-2390 or e-mail concierge@abigailmichaels.com!

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