



Rental Application

Application Overview

Building Address: _____ Apt #: _____

Monthly Rent: _____ Security Deposit: _____

Lease Term (1 or 2 years): _____

Lease Start Date: _____ Lease End Date: _____

Primary Applicant: _____ SS#: _____

Phone: _____ Cell: _____ Email: _____

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.
- 3. 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 YEAR.*

Checks Due Upon Submission

- | | | |
|----------|---|-------------------|
| 1. _____ | Credit Check Fee / per person (non-refundable) | Payable to: _____ |
| 2. _____ | 1 st Months Rent (MUST be Certified/Cashier's Check) | Payable to: _____ |
| 3. _____ | Security Deposit (MUST be Certified/Cashier's Check) | Payable to: _____ |
| 4. _____ | Brokerage Fee (MUST be Certified/Cashier's Check) | Payable to: _____ |

Please submit all completed application packages, along with fees, directly to:
ARGO REAL ESTATE, LLC | 50 W. 17th Street | 7th Floor New York | NY 10011

Applicant(s)

Primary Applicant: _____ SS#: _____

Phone: _____ Cell: _____ Email: _____

Co-Applicant: _____ SS#: _____

Phone: _____ Cell: _____ Email: _____

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: _____

Co-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: _____

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: _____ 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? YES NO

if yes, list address(es): _____

Lender: _____ Balance of Loan: _____ Current Market Value: _____
2. Do the applicants own any Co-operative Apartments? YES NO

if yes, list address(es): _____

Lender: _____ Balance of Loan: _____ Current Market Value: _____
3. Do the applicants own any Stock or Bonds? YES NO

Company Name: _____ Stock / Bond #: _____ Description: _____

Company Name: _____ Stock / Bond #: _____ Description: _____
4. Do the applicants own any other assets? YES NO

please describe: _____
5. Are there any outstanding judgments against either the Applicant or Co-Applicant? YES NO

please describe: _____
6. Has either the Applicant or Co-Applicant declared bankruptcy in the past 10 years? YES NO

please describe: _____
7. Has either the Applicant or Co-Applicant had property foreclosed upon or given title or deed in lieu thereof? YES NO

please describe: _____
8. Is either the Applicant or Co-Applicant obliged to pay Alimony, Child Support, or Separate Maintenance? YES NO

please describe: _____
9. Is either the Applicant or Co-Applicant party in a lawsuit? YES NO

please describe: _____
10. Is either the Applicant or Co-Applicant co-maker or endorser of a note? YES NO

please describe: _____
11. Do you plan to keep any pets in this apartment? YES NO

please describe (species/breed/weight/age/etc): _____
12. Do you plan to play any musical instruments in this apartment? YES NO

please describe: _____

Additional Information [cont]

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

Name	Relationship	Age	Social Security No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Guarantor Information

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: _____

Title / Position: _____ 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

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

Date:

Co-Applicant's Signature

Date:



Argo Real Estate, LLC
REAL ESTATE

50 West 17th Street
New York, NY 10011
Phone: (212) 896.8600
Fax: (212) 896.8667
www.argo.com

Credit Report Authorization

I hereby authorize **Argo Real Estate, LLC** and or/its agents to obtain consumer reports through **CoreLogic Saferent c/o Consumer Relations Department 7300 Westmore Road, Suite 3 Rockville, MD 20850-5223** and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, housing court, social search, sex offender search, criminal background check, employment/income verification, prior residency verification and/or any other necessary information. I 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 or lease of a residence for which application was made. I agree to hold the above named company and procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information. I also understand I have the right to obtain a copy of my personal consumer report from www.annualcreditreport.com and am able to dispute any inaccurate information that might be found on such report. 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.

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 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.

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: _____

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Simply pay your monthly rent with your American Express Card and you can earn Membership Rewards Points that can be redeemed towards retail and travel rewards.

Renting from The Argo Corporation has always been rewarding. Now it's even more so.

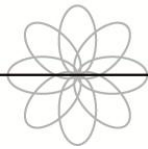
STARTING THIS AUGUST AT SELECTED ARGO PROPERTIES

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EXPRESS**

Terms and Conditions of the Membership Rewards program apply. Individual terms and conditions, as well as annual program fees, apply on certain card products. For more information or to enroll in the membership rewards program, visit www.americanexpress.com/rewards or call 1-800-AXP-EARN. The payment by credit card is not essential, required or auxiliary service provided by the landlord.

A·M
ABIGAIL MICHAELS
CONCIERGE

**Registration for
Concierge Services**



Argo Real Estate LLC

Please email to concierge@abigailmichaels.com 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 _____

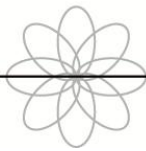


Call (212) 784-2390 or e-mail concierge@abigailmichaels.com!

A·M
ABIGAILMICHAELS
CONCIERGE

Concierge Services

To show you the value of our service, we've listed our most popular requests and categories. But don't let that limit your thinking! Residents have access to a vast repertoire of hotel-style concierge services, focused on your personal and professional needs.



 **Business and Professional Services**

Messenger & Courier
Office Organization
Technical Support Referrals
Corporate Gifts

 **Travel & Transportation**

Car & Limousine Service
Private Charters
Travel Arrangements

 **Beauty & Personal Care**

Massage, Spa & Salon Bookings
Personal Training & Nutrition
Cosmetic Consultations
Garment Tailoring

 **Moving & Storage**

Moving Company Discounts
Storage Recommendations
Home Staging
Packing Services

 **Pet Care**

Dog Walking & Daycare
Pet Sitting & Boarding
Grooming & Veterinary
Behavioral Training

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Nightclub Reservations
Theater, Concert & Sporting Event Tickets
Catering, Rentals & Event Planning
Music & Language Training
Tutoring & Academic Instruction

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Landscaping Referrals
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