



Telephone (212) 684-3222/Fax (212) 684-5226/www.theanthemny.com

There is a non-refundable fee of **\$75** per applicant for the credit verification process

There is a non-refundable fee of **\$85** per applicant for international credit verification

Fax ALL documents concerning your application to: Fax #212 684 5226

IF YOUR APPLICATION PROCESS IS NOT COMPLETED WITHIN 3 BUSINESS DAYS THE APARTMENT MAY BE PUT BACK ON THE MARKET

Apt # _____ Rent \$ _____ Income Requirements (monthly rent X 40) \$ _____

DOCUMENTS NEEDED:

A- If you work for a company:

1. Employment letter on employer's **letterhead** verifying:
A: Length of employment
B: Annual Income for the past 2 years (include any bonus, rental allowance or other income)
2. Copy of your most recent **pay stub** (If employed less than 2 years, prior W2, tax return or employment letter from your prior employer)
3. **2 most recent bank statements.** 1st page only
4. Letter of reference from current landlord or cancelled rent checks for the past 3 months.

B- If you are self employed or commission based:

1. Letter from your **accountant** verifying:
A: Length of employment, type of business
B: Annual Income for past 2 years
2. Copy of your Federal Income Tax Return for the past 2 years (only 1st and signature page)
3. **2 most recent bank statements** 1st page only

C - Guarantor Requirements (at least 80 X monthly rent):

1. Income requirement \$ _____
2. All items listed in A or B above

To complete your application you will need to bring the following **CERTIFIED/BANK/CASHIERS check** to the leasing office and sign your lease within **(3) business days**.

Checks must be **separate** and payable to: **The Anthem, LLC**

Rent \$ _____ Security Deposit \$ _____ Move in deposit **\$500.00**



Telephone (212) 684-3222/Fax (212) 684-5226/www.theanthemny.com

RENTAL APPLICATION

Date: _____ Lease Begins: _____ Apt # _____ Monthly Rent \$ _____ Lease Term: 12mos / 24mos

First Name: _____ Middle: _____ Last: _____

Work Phone: _____ Cell Phone: _____ S.S. # _____

Date of Birth: _____ E-Mail Address: _____

Emergency Contact _____ Phone (Home) _____ Phone (Work) _____

Broker (if applicable) _____ Brokerage _____ Phone _____

<u>Other Occupants</u>	<u>Relationship</u>	<u>Age</u>	<u>Phone/Email</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

NO SMOKING ALLOWED

NO DOGS ALLOWED

Current Residence

Address: _____ City: _____ State: _____ Zip Code: _____

Length of Time at Current Address: _____ Landlord / Mortgage Holder: _____

Landlord Telephone Number: _____ Monthly Payment \$ _____

Complete if current address is less than two years

Prior Address: _____ City: _____ State: _____ Zip Code: _____

Length of Time at Prior Address: _____ Landlord / Mortgage Holder: _____

Landlord Telephone Number: _____ Monthly Payment \$ _____

Employment Information

Current Status: Employed _____ Self -Employed _____ Student _____ Unemployed _____ Retired _____

Position Held: _____ Annual Income \$ _____ Bonus \$ _____

Employer: _____ Employer's Address: _____

Length of Employment: _____ Supervisor: _____ Telephone No: _____

Complete if current employment is less than two years

Prior Employer: _____ Prior Employer's Address: _____

Length of Employment: _____ Prior Supervisor: _____ Telephone No: _____

Prior Position Held: _____ Annual Income: \$ _____ Bonus: \$ _____



Telephone (212) 684-3222/Fax (212) 684-5226/www.theanthemny.com

Additional Assets and Income

Please specify portfolio value & income, real estate holdings, etc.: _____

Financial and Personal References

Bank #1: _____ Bank Address: _____

Telephone Number: _____ Checking ☐ Savings ☐ Securities ☐ Account Balance: \$ _____

Bank #2: _____ Bank Address: _____

Telephone Number: _____ Checking ☐ Savings ☐ Securities ☐ Account Balance: \$ _____

Accountant: _____ Telephone Number: _____

Attorney (if applicable): _____ Telephone Number: _____

**AUTHORIZATION
PLEASE READ CAREFULLY**

The Landlord will in no event be bound, nor will possession be given, unless and until a lease executed by the landlord has been delivered to the tenant. The applicant and his/her references must be satisfactory to the Landlord.

City Sites Real Estate Group, Inc. shall in no event be liable as respects any matter concerning this application, or concerning any act of the Landlord or failure to act on the part of the Landlord in connection with this application, or in connection with any lease or leases contemplated herein. No representations or agreements by agents, brokers or others are binding on the Landlord unless included in the executed lease.

I hereby warrant that all my representations set forth herein are true. I recognize that the truth of the information contained herein is essential. I further represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed and that I am over 18 years of age.

I have been advised that I have the right under section 8060 of the Fair Credit Reporting Act to make a written request, directed to the appropriate credit reporting agency, within a reasonable time for a complete and accurate disclosure of the nature and scope of any credit investigation. I understand that upon submission, this application and all supporting documents become the property of the Landlord or Agent, and will not be returned to me.

I authorize the verification of the above referenced information and its release to Landlord and its agents connected with the lease contemplated herein. I authorize the leasing office and management of **The Anthem, The Credential Researchers, Ltd.**, and its agents to obtain a consumer credit report on me and to verify any information on this application with regard to my employment history current and prior tenancies and all other information which the Landlord deems pertinent to my obtaining residency. I will present any other information required by the Landlord in connection with the lease contemplated herein.

I understand that the credit check fee is non-refundable.

Signature: _____

Date: _____ / _____ / _____



140 West End Ave - Suite 17J - NYC, NY 10023
www.credentialresearchers.com

Tel 212-873-8290 / 866-873-8290 toll free
Fax 212-873-2769 / 917-441-6785

AUTHORIZATION TO RELEASE RECORDS FOR CONFIDENTIAL USE ONLY

CURRENT LANDLORD:

TO: _____
(Landlord Name) (Contact/Title)

(Phone Number) (Fax Number)

EMPLOYER:

TO: _____
(Company Name) (Contact/Title)

(Phone Number) (Fax Number)

BANK:

TO: _____
(Bank Name) (Contact/Title)

(Phone Number) (Fax Number)

ACCOUNTANT: (if self-employed or have income in addition to your salary, etc.)

TO: _____
(Name) (Phone)

ATTORNEY: (if applicable)

TO: _____
(Name) (Phone)

I authorize the above referenced individuals and/or institutions to verify any and all requested information and, when necessary, to provide written backup to: **The Credential Researchers, Ltd.**

Applicant Name: _____
(Please Print)

Applicant Signature: _____ Date: ____/____/____
(Please Sign)

Please Note: To expedite your application process, please fill in the above information and advise these parties that **The Credential Researchers, Ltd.** will be contacting them. Please indicate the importance of a prompt response. Thank you.



140 West End Ave - Suite 17J - NYC, NY 10023
www.credentialresearchers.com

Tel 212-873-8290 / 866-873-8290 toll free
Fax 212-873-2769 / 917-441-6785

FOR CONFIDENTIAL USE ONLY

Credit Card Authorization

Property

Application # _____

(For internal use only)

Applicant(s): _____

Property Name/Owner/Manager: The Anthem

Property Address: 222 East 34th Street

City: New York State: NY Apartment/Unit: _____

Terms: The name that will appear on your credit card statement is '*The Credential Researchers, Ltd*'. An administrative surcharge of \$20.00 will be imposed on any transaction that is protested or denied by the Applicant. The credit checking fee is non-refundable. PLEASE KEEP A COPY OF THIS AS YOUR RECEIPT.

Check one: ☐ Visa ☐ MasterCard (VISA OR MASTERCARD ONLY)

Credit Card Number: _____ - _____ - _____

Expiration Date: _____ 3 Digit Security Code: _____ (From the back of the card)

Cardholder's Name: _____

Email: _____

Cardholder Billing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Card Issuer

Phone: _____ (From the back of the card)

Amount: \$ _____

I hereby authorize **The Credential Researchers Ltd** to charge my credit card as described above for tenant screening services to be rendered pursuant to an application for tenancy at the property described above.

Cardholder's Signature

Date