



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

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

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



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Rental Application

APARTMENT INFORMATION					
Today's Date:	Lease Start Date:	Apt #:	Monthly Rent:	Lease Term:	Broker:
Brokerage:				Broker's Phone Number:	
APPLICANT INFORMATION					
First Name:		Middle Name:	Last Name:		Date of Birth:
Social Security Number:					
Cell Phone:	Home Phone:	Work Phone:	Email:		Employment Status:
Co-Tenant(s):			Guarantor(s):		
Emergency Contact:		Phone:	Address:		
NO SMOKING ALLOWED			NO DOGS ALLOWED		
OTHER OCCUPANTS					
Name:		Phone:	Email:	Relationship:	Date of Birth:
CURRENT RESIDENCE					
Street Address:		City:	State:	Zip:	Apt:
Length of Time:	Landlord/Mortgage Holder:		Landlord's Phone Number:	Monthly Payment:	
LAST RESIDENCE (COMPLETE IF CURRENT ADDRESS IS LESS THAN TWO YEARS)					
Street Address:		City:	State:	Zip:	Apt:
Length of time:	Landlord/Mortgage Holder:		Landlord's Phone Number:	Monthly Payment:	
CURRENT EMPLOYER					
Employer's Name:			Employer's Address:		
Human Resources Supervisor:			Length of Employment:	Employer's Phone Number:	
Job Title:			Annual Salary Wage:	Annual Bonus:	
PREVIOUS EMPLOYER (Complete if current employment is less than 2 years)					
Employer's Name:			Employer's Address:		
Human Resources/Supervisor:			Start Date:	End Date:	Employer's Phone Number:
Job Title:			Annual Salary/Wage:	Annual Bonus:	



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FINANCIAL INFORMATION			
Bank:		Account Type: Checking "Savings "Securities	Account Number:
Phone Number:	Branch Address:		Branch:
Bank:		Account Type: Checking "Savings "Securities	Account Number:
Phone Number:	Branch Address:		Branch:
ADDITIONAL FINANCIAL INFORMATION (FOR QUALIFICATION PURPOSES ONLY)			
Interest, Dividends, Real Estate, Portfolio value, etc.:			
REFERENCES (IF NEEDED FOR VERIFICATION OF INCOME)			
Accountant (If applicable):		Phone Number:	
Attorney (If applicable):		Phone Number:	

Notice Under NYC Administrative Code 20-808

- The information provided by you in this tenant application will be used to obtain a tenant screening report from: **The Credential Researchers, Ltd. 119 West 72nd Street, Suite 364, New York, NY 10023.**
- Pursuant to federal and state law:
 - If the Landlord takes adverse action with respect to this application on the basis of information contained in the tenant screening report, the Landlord will provide you an *Adverse Action Notice* indicating the name and address of the consumer reporting agency that provided the tenant screening report.
 - If the Landlord takes adverse action with respect to this application on the basis of information contained in the tenant screening report, you have the right to receive and inspect a free copy of the report from the consumer reporting agency;
 - Every tenant or prospective tenant is entitled to one free tenant screening report from each **national** consumer reporting agency annually, in addition to a credit report that should be obtained from www.annualcreditreport.com
 - Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.

I warrant that all statements made in this application are true. I further represent that I am not renting a room or apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed. I hereby authorize _____, hereinafter referred to as "Landlord", and its agents to obtain a consumer report regarding my income, employment, credit history, residency, banking relationships, character, reputation and any other information pertinent to the qualification of my application for tenancy. I further authorize Landlord, The Credential Researchers, Ltd. and their agents to verify the statements made in this application with any and all persons. I hereby hold Landlord, The Credential Researchers, Ltd., and their agents free and harmless of any liability arising from the verification of statements made in this application. If this application is approved, I authorize the Landlord to conduct further credit inquiries during the term of my tenancy.

No representations or agreements by Salespersons, Brokers, or others are binding on Landlord or any party connected with its business organization unless included in the written lease proposed to be executed. By submitting this application, I acknowledge that Landlord makes no guarantee regarding the status of this application or the availability of any apartment. If a lease is approved and executed, this completed application form becomes a part of that certain lease.

I understand that the application fee is non-refundable.

Signature: _____ Date: _____ Application Fee: _____



119 West 72th Street, Suite 364
New York, NY 10023
PH: 212.873.8290 FAX: 212.873.2769
www.credentialresearchers.com

Payment Authorization

Applicant's payment will apply to tenant screening services for: _____

Check one: Visa MasterCard American Express

Credit Card/Account Number: _____

Expiration Date: _____ CVV/CID: _____ (from front/back of card)

Cardholder's/ Account Holder's Name: _____

Email: _____

Cardholder's Billing Address

Street: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

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 known as _____.

This fee is nonrefundable.

Cardholder's Signature

Date



119 West 72th Street, Suite 364,
New York, NY 10023
PH: 212.873.8290

www.credentialresearchers.com

**AUTHORIZATION TO RELEASE INFORMATION TO
THE CREDENTIAL RESEARCHERS, LTD.**

Pursuant to my application for a residential lease with _____,
I hereby authorize the release of any and all information regarding:

- My current and past employment including positions held and salary/wages earned;
- My current and past residences including the performance of my obligations as a tenant;
- My current accounts held at financial institutions, including their current balances;
- Present and past income; and
- Any assets which I have declared on my tenant application in order to qualify for the residential lease I am seeking.

I hereby authorize all current and past employers, landlords, banks, financial institutions, and tax professionals to release the information described above to The Credential Researchers, Ltd.

In addition, I authorize all current and past employers, landlords, banks, financial institutions, and tax professionals to provide written documentation of the information described above to: The Credential Researchers, Ltd., 119 West 72nd Street, Suite 364, New York, NY 10023, PH: (212) 873-8290, FAX: (212) 873-2769.

I hereby acknowledge that a photocopy or facsimile of this signed document shall be considered as valid as an original when presented by The Credential Researchers, Ltd. to any of my current or past employers, landlords, banks, financial institutions or tax professionals.

Applicant's Signature

Date

Applicant's Name (Printed)

Last 4 digits of SSN

Note to Applicant: To expedite processing of your application, please advise your current and past employers, landlords, banks, financial institutions and tax professionals that The Credential Researchers, Ltd. will be contacting them. Please indicate the importance of a prompt response. Thank you.