



The Octagon

888 Main Street

New York, NY 10044

Tel: (212) 888-8NYC Fax: (212) 202-9647

www.OctagonNYC.com

LEASE APPLICATION PROCESS

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

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
Please make check payable to: The Credential Researchers

Fax ALL documents concerning your application to: Fax #(212) 202-9647

IF YOUR APPLICATION IS NOT COMPLETED WITHIN 3 BUSINESS DAYS

THE APARTMENT MAY BE PUT BACK ON THE MARKET

LEASES MUST BE SIGNED ON THE SAME DAY APPLICATIONS ARE SUBMITTED

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 extra income)
- 2- Copy of your most recent pay stub
- 3- If employed less than 2 years, prior W2, tax return or employment letter from your prior employer
- 4- 3 most recent bank statements.
- 5- Letter of reference from your prior landlord or cancelled rent checks for the past 2 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 Complete Federal Income tax return for the past 2 years (including all schedules, W2 & 1099 forms)
- 3- 3 most recent bank statements
- 4- Letter of reference from your landlord

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

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

D- *Corporate Lease with personal Guarantor:*

- 1- Copy of an income statement and balance sheet or Annual Report
- 2- Letter of reference from the prior landlord of the occupant or company if the company has previously rented an apartment
- 3- A corporate resolution
- 4- A personal guarantor (see item C above) _____

You will be required to deliver to the Leasing Office two separate certified checks, bank checks or money orders- one for the first month rent and the other for the security deposit. You must also deliver a personal check for \$500.00 which will serve as a move in deposit and will be returned to you after you complete your move in assuming that there are no damages to the lobby, elevator, hallways, etc. attributable to your move into The Octagon. Your move in date and time can then be scheduled through the management office. You must bring these checks to the Leasing Office within one (1) business day.

CHECKS PAYABLE TO: **Octagon, LP**

Rent \$ _____ Security Deposit \$ _____



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INDIVIDUAL RENTAL APPLICATION CONSULTANT: _____ Date: _____

Lease begins _____ Apt.# _____ Monthly Rent\$ _____ Lease Term _____

First Name _____ Middle _____ Last _____

Telephone Work _____ Home _____ S.S. # _____ Date of Birth _____

Cell phone _____ e-mail: _____

Other Occupants Relationship Age

1. _____

2. _____

3. _____

Do you have any pets? Yes _____ No _____ Please specify type and size _____

Are you interested in any of the following building amenities?

_____ **Storage** _____ **Parking** _____ **Fitness Center** _____ **Day Care Center**

Emergency Contact: Name _____

Phone(home) _____ Phone(work) _____

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 _____ Length of Employment _____

Employer's Address _____

Supervisor _____ Telephone _____

Complete if current employment is less than two years

Prior Employer _____ Length of Employment _____

Prior Position Held _____ Annual Income _____ Bonus _____

Prior Employer's Address _____

Prior Supervisor _____ Telephone _____



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Additional Assets and Income

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

Financial and Personal References

Bank _____ Bank Address _____

Bank Officer _____ Telephone Number _____

Account Number _____ Checking Savings Securities Account balance _____

Bank _____ Bank Address _____

Bank Officer _____ Telephone Number _____

Account Number _____ Checking Savings Securities Account balance _____

Accountant _____ Telephone _____

Attorney (if applicable) _____ Telephone _____

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.

Halstead Leasing Consultants 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 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 documents become the property of the Landlord of Agent, and will not be returned to me under any circumstances.

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 Octagon, L.P. and 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 \$75 credit checking 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

FOR CONFIDENTIAL USE ONLY

Credit Card Authorization

Property

Application # _____

(For internal use only)

Applicant(s): _____

Property Name/Owner/Manager: _____

Property Address: _____

City: _____ State: _____ 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 not successfully charged to the credit card described below.

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



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AUTHORIZATION TO RELEASE RECORDS

LANDLORD:

TO: _____
(Company 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)

(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: _____

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.