

Tel: (646) 545-6700 Fax: (646) 304-2255 Leasing Direct Line: (646)545-6731

# Thank you for choosing a Liberty Place Property Management apartment.

- 1. Applicants must show income of **40** TIMES THE MONTHLY RENT. (may be combined among applicants)
- 2. Guarantors must show income of **80** TIMES THE MONTHLY RENT. (may NOT be combined with applicants)
- 3. Applications packages must be submitted in full as detailed below. <u>Only complete applications will be reviewed</u> and considered for tenancy.
- 4. Applications will not remove apartments from the market.
- 5. Lease signings must be scheduled within three (3) days of approval or the backup applicant will be considered.

## We look forward to servicing your residential needs.

YOUR APPLICATION PACKAGE MUST INCLUDE:

- **Completed and Signed application by applicants and guarantors**
- Solution State and State a
- Driver's License or Photo ID (18 & over)
- **Given Social Security Card**
- □ Financial Statement First Page (Checking, Savings and/or other assets)
- Previous year tax returns First Page

#### **Proof of Employment if you work for a company:**

- 1. Letter on company letterhead including length of employment, salary & position
- 2. Last 4 paystubs (If paid weekly) or Last 2 paystubs (if paid bi-weekly or semi-monthly)
- **D** Proof of Employment if you are self-employed:
  - 1. Previous year 1099
  - 2. Notarized Letter from your accountant on his/her company letterhead verifying:
    - A. Nature of the business
    - B. Length of employment
    - C. Income holdings
    - D. Projected annual income expected for the current year and upcoming year.

## CORPORATE APPLICANTS MUST SUBMIT A SEPARATE APPLICATION ALONG WITH:

- \$150.00 Non-refundable application fee
- Corporate officer as a guarantor
- □ Information of the company employee that will occupy the apartment
- Certified Financial Statements
- Corporate Tax Returns (two (2) most recent consecutive returns)

LIBERTY PLACE PROPERTY MANAGEMENT

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING. PLEASE WRITE (N/A) WHERE NOT APPLICABLE								
TODAY'S DATE:	BUILDING ADD	RESS APPLYING FOR		APARTMENT	DESIRE	D MOVE	IN DATE?	
MONTHLY RENT:	APARTMENT TY	DE.						
MONTHLY RENT:	APARIMENTI	PC:						
		]1 BEDROOM 2 BI	EDROOM	3 BEDRO	ом 🛛 4 і	BEDROON	Ч	
HOW DID YOU HEAR A	BOUT US?							
	CRAIGSLIST 🗆 BRO	KER		PHONE:				
		APPLICANT GEN	ERAL I	NFORMATION				
NAME OF APPLICANT:			SOC	CIAL SECURITY	NUMBER:	DATE (	OF BIRTH:	SEX:
EMAIL ADDRESS			но	ME PHONE NUM	BER:	CELL P	HONE NUMBER	ł:
		CITY:	CTATE	770			E NUMBER:	STATE:
CURRENT ADDRESS:			STATE	ZIP:	DRIVER S	LICENS	E NUMBER:	STATE:
CURRENT LANDLORD'S	S NAME:		LEN	IGTH AT CURREI	NT ADDRES	S:	MONTHLY RE	NT:
					_			
CURRENT LANDLORD'S	S ADDRESS:		WH	Year(s) Y ARE YOU MOV		lonth(s)		
		CO-APPLICANT GE	NERAL	INFORMATIO	N			
RELATIONSHIP TO AP			600					CEV.
NAME OF CO-APPLICA	NT:		500	CIAL SECURITY	NUMBER:	DATE	OF BIRTH:	SEX:
EMAIL ADDRESS			но	ME PHONE NUM	BER:	CELL F		<u> </u>
			_			-		
CURRENT ADDRESS:		CITY:	STATE	ZIP:	DRIVER'S	LICENS	E NUMBER:	STATE:
CURRENT LANDLORD'S	S NAME:	I	LEN	IGTH AT CURREI	NT ADDRES	S:	MONTHLY RE	NT:
CURRENT LANDLORD'			DEA	Year(s)		lonth(s)		
CORRENT LANDLORD	SADDRESS.				NG:			
GUARANTOR GENERAL INFORMATION								
RELATIONSHIP TO AP	PLICANT(S):		<u>.</u>					-
NAME OF GUARANTOR	l:		SOC	CIAL SECURITY	NUMBER:	DATE	OF BIRTH:	SEX:
						0711-		
EMAIL ADDRESS			но	ME PHONE NUM	BER:		HONE NUMBER	<b>!</b> :
CURRENT ADDRESS:		CITY:	STATE	ZIP:	DRIVER'S	LICENS	E NUMBER:	STATE:
CURRENT LANDLORD'S	S NAME:	1	LEN	IGTH AT CURREI	NT ADDRES	S:	MONTHLY RE	NT:
				Year(s)	N	lonth(s)		

NAME(S) OF OCCUPANTS: NOT APPLICANTS	RELATIONSHIP	DATE OF BIRTH:	SOCIAL SECURITY #:	AGE:	SEX:

APPLICANT FINANCIAL INFORMATION					
CURRENT EMPLOYER:		ADDRESS:			
CURRENT POSITION:		EMPLOYED SINCE:			
SUPERVISOR:		PHONE NUMBER:			
EMPLOYMENT INCOME:					
Monthly	Yearly	OTHER INCOME §		_ Per	
FINANCIAL INSTITUTION INFORMATION:		SOURCE:			
Checking	Address		Phone		
Savings					
Investment			Phone		
CO-APP	LICANT FINANC	CIAL INFORMATION			
CURRENT EMPLOYER:		ADDRESS:			
CURRENT POSITION:		EMPLOYED SINCE:			
CORRENT POSITION.		EMPLOYED SINCE.			
SUPERVISOR:		PHONE NUMBER:			
EMPLOYMENT INCOME:		OTHER INCOME §		Por	
Monthl	y 🗌 Yearly			_ Fei	
FINANCIAL INSTITUTION INFORMATION:		SOURCE:			
Checking	Address		Phone:		
Savings	Address		Phone:		
Investment	Address		Phone:		
GUARA	NTOR FINANCI	AL INFORMATION			
CURRENT EMPLOYER:		ADDRESS:			
CURRENT POSITION:		EMPLOYED SINCE:			
SUPERVISOR:		PHONE NUMBER:			
EMPLOYMENT INCOME:					
🗌 🗆 Monthl	y 🛛 Yearly	OTHER INCOME §		_ Per	
	-	SOURCE:			
FINANCIAL INSTITUTION INFORMATION:					
Checking					
Savings	Address		Phone:		
Investment	Address		Phone:		

CASE WORKER?	DEPARTMENT/AGENCY?	PHONE NUMBER	INCOME AMOUNT

PETS:	TYPE:	BREED:	FULL GROWN WEIGHT:	
HAVE YOU EVER BEEN IN LANDLORD/1	ENANT LEGAL ACTION?	IF YES, EXP	LAIN:	
HAVE YOU EVER BROKEN A LEASE?		IF YES, EXPLAIN:		
HAVE YOU EVER DECLARED BANKRUPTCY?		IF YES, EXPLAIN:		
HAVE YOU EVER BEEN CONVICTED OF	A FELONY?	IF YES, EXP	LAIN:	

PLEASE READ	CAREFULLY	BEFORE SIGNING
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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. Please be advised that the date on page one of the lease is not your move-in date. Your move-in date will be arranged with you after you have been approved.

No representations or agreements by agents, brokers or others are binding on the Landlord or Agent unless included in the written lease proposed to be executed.

I hereby warrant that all my representations set forth herein are true. I recognize 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. I represent that I am over 18 years of age.

I have been advised that I have the right, under section 8068 of the Fair Credit Reporting Act, to make a written request, directed to the appropriate credit reporting agency, within 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 related documents become the property of the Landlord, and will not be returned to me under any circumstances.

I authorize the Landlord, Agent and credit reporting agency 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, bank accounts, and all other information that the Landlord deems pertinent to my obtaining residency. I understand that I shall not be permitted to receive or review my application file or my credit consumer report. I authorize banks, financial institutions, landlords, business associates, credit bureaus, attorneys, accountants and other persons or institutions with whom I am acquainted to furnish any and all information regarding myself. This authorization also applies to any update reports which may be ordered as needed. A photocopy or fax of this authorization shall be accepted with the same authority as this original. I will present any other information required by the Landlord or Agent in connection with the lease contemplated herein.

#### I understand that the application fee is non-refundable.

The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, prohibits discrimination in the rental of housing based on race, color, religion, sex, handicap, familial status or national origin. The Federal Agency, which administers compliance with this law, is the U.S. Department of Housing and Urban Development.

Signature	Date	
Signature	Date	SPECIFICATION
Signature	Date	