

Application to Lease Unit # _____

PLEASE COMPLETE THE LEASE REQUIREMENTS AND SUBMIT ONE (1) ORIGINAL SET OF DOCUMENTS TO THE IRVIN CONDOMINIUM at 2 Grand Central Tower, 140 E 45th Street, 12th Floor, New York, NY 10017 Attn: Arlene R.

(The Board of Directors and/or its managing agent reserve the right to request any additional information at any time during the review process).

IMPORTANT NOTE: UNITS CAN ONLY BE LEASED FOR A MINIMUM OF 12 AND A MAXIMUM OF 24 MONTH TERMS. ADDITIONAL TERMS WILL REQUIRE BOARD REVIEW AND APPROVAL.

Application Requirements:

- 1. Lease Application filled out in its entirety.
- Condominium Lease Agreement (REBNY or Blumberg forms ONLY) must be executed & submitted by all parties named on the lease.
- 3. Application must include a complete credit report (which includes scores) dated no earlier than 30 days from the date the application is submitted <u>FOR EACH APPLICANT</u>.
- 4. NYC Window Guard, Bed Bug & Lead Paint Disclosure Forms must be executed by Owner, Tenant and Agent.
- 5. Letter of reference from current Landlord or Managing Agent.
- 6. Income Verification
 - a) Employed Applicants: a letter by your employer, on company letterhead stating your starting date, position, salary and guaranteed bonuses if any, and a copy of your last two (2) consecutive pay stubs and last two (2) years Income Tax Return with corresponding W2 forms.
 - b) <u>Self-Employed Applicants:</u> a letter from your accountant stating last year's income and your projected income for this year, and a copy of last two (2) years personal tax returns with W2s and/or 1099s.
- 7. A photo ID issued by a governmental agency.

THE FOLLOWING FEES MUST BE SUBMITTED WITH LEASE PACKAGE:

- 1. Processing fee of \$350.00 made payable to "Pinnacle Managing Co. LLC".
- 2. Refundable move-in deposit of \$1000.00 by certified check from proposed tenant(s) payable to "The Irvin Condominium".

MOVE IN/OUT OR DELIVERIES CAN ONLY BE DONE MONDAY-FRIDAY BETWEEN 9:00AM-4:00PM AND MUST BE SCHEDULED IN ADVANCE.

PLEASE ALLOW 30 BUSINESS DAYS FOR PROCESSING FROM THE DATE OF RECIEPT OF A COMPLETE BOARD PACKAGE

Owner's Information Future Address: _____ Home Telephone: ____ Mobile Telephone: Work Telephone: Home E-mail Address: Work E-mail Address: **Applicant's Information** (Separate application required for each person who will reside in the apartment and each guarantor) Present Address: Home telephone: ______ Social Security Number (if applicable) _____ Mobile telephone: E-mail Address: Employer's Address: Position: _____ Annual Salary: ____ Work Telephone: Work E-mail Address _____ Names of all persons who will reside in apartment and if children, state number and their ages:

Names of all residents in the building known by the applicant:

Does applicant wish to keep any pets, and if so, please specify: (Breed, Sex, Weight, Age & Name)
Present landlord/agent, address, telephone #, monthly rent, and length of occupancy:
Previous landlord/agent, address, telephone #, monthly rent, and length of occupancy:
Does applicant practice playing, or intend on practicing, a musical instrument of any sort? Give details, including type of instrument, length of practice, and time during the day.
Does applicant intend to run any business out of the apartment? Yes No

Owner

See Annexed Requirements.

DATED: _____

Documents submitted separately from any source will be returned to the source. Application must be submitted in its entirety. **Incomplete applications will not be accepted.**

PLEASE NOTE: A refundable deposit of \$1000.00 by certified check, made payable to: The Irvin Condominium is required for any move in/out. Management must receive insurance certificate(s) and deposit <u>four (4) business days prior</u> to your move in/out or delivery.

FINANCIAL INFORMATION

(Required for each applicant and guarantor)

Name:	
Address:	
Date:	<u> </u>
Assets (Copies of the two (2) most recent statemer	ats for each account listed must be attached.)
	iis for each account listed most be anached.
Bank Name	Balance:
Checking Account #:	\$
Savings Account #:	\$
Other:	\$
Other:	
Are you a defendant in a legal action? Yes Have you ever filed for bankruptcy? Yes Name of CPA or Executor, if any: Address:	No
Print Name:	
Signature:	Date:
Sworn to before me this , 20	
Notary Public	