

Great Neck, NY 11201 T: 516.504.0255 F: 516.504.0257

LEASE APPLICATION PROCESS

TERM_____

UNIT #_____ MONTHLY RENT \$ _____ INCOME REQUIREMENTS (Monthly Rent x 40) \$ _____

There is a non-refundable fee of \$75 per applicant/guarantor for the credit verification process. There is a non-refundable fee of \$25 per occupant for background verification process.

<u>ALL</u> documents concerning your application can be faxed or emailed to: 516.504.0257 @maestrolongisland.com

Please be prepared to sign a lease within <u>2-3 BUSINESS DAYS</u> of your <u>APPROVED</u> application. IF YOUR APPLICATION IS NOT COMPLETED WITHIN 2 DAYS, THE APARTMENT MAY BE PUT BACK ON THE MARKET

DOCUMENTS NEEDED: Photo I.D. required for each applicant (please do not fax).

A – IF YOU WORK FOR A COMPANY:

- Employment Letter on Employer's letterhead verifying <u>length of employment</u> and <u>annual income for past 2 years</u> (include any bonus, rental allowance or other extra income) <u>OR</u> copy of your two most recent pay stub
- Three (3) most recent bank statements
- Copy of the first two page of your most recent federal income tax return form 1040 (first and signature page)

B – IF YOU ARE SELF-EMPLOYED OR COMMISSION-BASED:

- Letter from your accountant verifying length of employment, type of business and annual income for past 2 years
- Copy of your federal income tax return for the past 2 years (including all schedules, W2 & 1099 forms)
- Three (3) most recent bank statements

C – GUARANTOR REQUIREMENTS (Monthly Rent x 80)

- Income requirement \$ _____
- All items listed in A or B above (whichever apply)

D – CORPORATE LEASE WITH PERSONAL GUARANTOR:

- Copy of an income statement and balance sheet or Annual Report
- A corporate resolution
- A personal guarantor (see item C above) _

You will be required to deliver to the Leasing Office two (2) separate checks, bank checks or money orders – one for the first month rent and the other for the security deposit. You must bring these checks to the Leasing Office at your lease signing. Please make all checks payable to Plaza Landmark LLC

(WE RESERVE THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION)

PROSPECTIVE TENANTGUARANTOROCCUPANT

ON-SITE AGENT: _____

TERM_____

BROKER: _____



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RESIDENTIAL LEASE APPLICATION

UNIT # APT T	YPE	_ LEASE START	MONTHLY RENT \$		
NAME			DATE OF BIRTH		
EMAIL		_ PHONE #	ALT #		
PRESENT ADDRESS					
STREET ADDRESS		CITY/STATE/	ZIP		
MONTHLY RENT	_ LEASE TERM				
LANDLORD					
NAME	ADDRESS		PHONE #		
REASON FOR MOVE:					
PREVIOUS ADDRESS					
STREET ADDRESS	TREET ADDRESS		CITY/STATE/ZIP		
MONTHLY RENT	LEASE TERM				
PREVIOUS LANDLORD					
NAME	ADDRESS		PHONE #		
EMPLOYMENT					
NAME OF COMPANY		TITLE/OCCUF	TITLE/OCCUPATION		
DDRESS		CITY/STATE/ZIP	CITY/STATE/ZIP		
YEARS WITH COMPANY	SALARY		_ BONUS		
SUPERVISOR NAME		PHONE			
PREVIOUS EMPLOYMENT (If PR	RESENT EMPLOYMENT is less th	han 2 years)			
		TITLE/OCCUF			
ADDRESS		CITY/STATE/ZIP			
YEARS WITH COMPANY	SALARY		BONUS		
SUPERVISOR NAME		PHONE			

SAVINGS BANK(S)	ACCOUNT #				
ADDRESS	NAME ON ACCOUNT				
CHECKING(S)	ACCOUNT #				
ADDRESS	NAME ON ACCOUNT				
OTHER INCOME					
SOURCE(S)	AMOUNT(S)				
OCCUPANT(S)					
NAME(S) / RELATIONSHIP(S)					
EMERGENCY CONTACT NAME:					
ADDRESS:C	CITY:STATE:				
RELATION:	PHONE:				
If Guarantor Application, describe relationship to Applicant?					
Names of others who will live in Apartment (but will not be on Lea	se):				
Names and ages of visiting children:					
Are you applying for consent to have a pet?					
Have you ever been evicted? 🛛 NO 🗖 YES					
Have you ever broken a lease? 🛛 NO 🗖 YES Describe:					
Have you ever been in Landlord/Tenant court? 🛛 🗆 NO 🗖 YE	S Describe:				
Have you ever declared bankruptcy?	cribe:				
Have you ever rented from Lalezarian Developers Inc.?	IO 🗖 YES				
When? Building:	Apt #:				
How did you hear about us?					
Citizen Status: U.S. Citizen Permanent Resident	(Green Card)	ent (NO Green Card)			

I warrant that all statements above set forth are true. 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 hereby give my permission to conduct inquiries concerning my income, credit history, residence, banking relationships, character and reputation for the purpose of verifying information, provided by me, on any apartment rental/purchase application. If this application is approved, I further authorize the Owner, Credential Researchers or its agent(s) to conduct further credit inquiries. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, OFAC search and Landlord/Tenant court record search will be done in conjunction with my application. I hereby hold Lalezarian Developers Inc. and its agent(s) free and harmless of any liability for providing written or verbal information and/or discussing the quality of my tenancy with current and former landlords, property managers, supervisors or employers. No representations or agreements by Salespersons, Brokers or others are to be binding on Lalezarian Developers Inc., and/or any party connected with its business organization unless included in the written lease proposed to be executed. By submitting this application, I represent that owner 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 \$75.00/\$25.00 credit checking fee is non-refundable.

BANKING INFO



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<u>Credit Card Authorization</u>

Property Address: _				_ City:		
State:		Apt: #				
Terms: The name that will appear on your credit card statement is "Lalezarian Developers Inc." . The credit check fee is non-refundable. Initial here:						
PLEASE KEEP A COPY OF THIS AS YOUR RECEIPT.						
Check one:	□ _{Visa}	□ MasterCard	□ Discover			
Credit Card Number:						
Expiration Date:		3 Digit Security Code:		(From the back of the card)		
Cardholder's Name: _						
Email: Cardholder's phone:						
Cardholder Billing A						
City:			State:	Zip:		
Amount: \$						
I hereby authorize Lalezarian Developers Inc. 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 Signatur	e			Date		