

CHELSEA TOWER

100 West 26th Street, New York, NY 10001

Phone: 212-463-0100 Fax: 212-463-0040 Email: LeasingManager@ChelseaTower.com

Apt# _____ Rent \$ _____ Income Requirements for Applicant (monthly rent x 40) \$ _____

There is a non-refundable fee of \$20 for each of Applicant and Guarantor for the credit verification and application processing. *Please fax or Email all documents concerning your application to the Leasing Office*

Documents Required for Applicant: (Must show at least monthly rent x 40 in income)

A. If you are employed by a company:

1. A currently dated employment letter on employer's letterhead verifying length of employment and annual income for the past two years;
2. Copy of two most recent pay stubs;
3. One current bank statement with name, account number and balance;
4. Valid Photo ID.

Please note: If your company's policy is to verify salary only through one of the automated systems (such as TheWorkNumber.com), please obtain the verification yourself and fax it to us.

B. If you are self-employed:

1. Letter from your accountant verifying length of self-employment, type of business and annual income for past two years;
2. Most recent Tax Return First and Signature Pages only
3. One current bank statement with name, account number and balance;
4. Valid Photo ID.

Documents Required for Guarantor: (Must show at least monthly rent x 80 in income)

C. Guarantor: (must show same documents as Applicant):

Income requirement for Guarantor (monthly rent x 80) \$ _____

1. **All items listed in either Items A. or B. above;** and
2. Signed and completed Residential Application (attached).

D. Corporate Lease with Personal Guarantor:

1. Copy of an income statement and balance sheet or Annual Report;
2. Corporate Resolution; and
3. A Personal Guarantor (see Guarantor's requirements Item C. above).

To complete your application you will need to bring two separate certified or bank checks to the leasing office within one business day. Please make checks payable to: S & P/ DM 26 Development, LLC

Rent \$ _____

Security deposit \$ _____



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

APARTMENT DATA					
Building Address:			Apt #:		Monthly Rent:
Today's Date:		Lease Date:		Lease Term:	
APPLICANT NAME					
First Name:		Middle:	Last:		DOB:
					Social Security No:
Telephone-Work:		Home:		Cell:	Email:
Co-Tenant:			Guarantor:		
Emergency Contact:			Phone:		
If you have pets, please specify size/type:					
RESIDENTIAL HISTORY					
Current Address:		City:		State:	Zip:
					Apt:
Length of Time:	Landlord/Mortgage Holder:		Landlord Telephone:		Monthly Payment:
COMPLETE IF CURRENT ADDRESS IS LESS THAN TWO YEARS					
Address:		City:		State:	Zip:
					Apt:
Length of time:	Landlord/Mortgage Holder:		Landlord Telephone:		Monthly Payment:
EMPLOYMENT INFORMATION*					
Employer:		Employer's Address:			How Long:
Human Resources/Supervisor:			Telephone:		
Position Held:		Annual Income:		Bonus:	
COMPLETE IF CURRENT EMPLOYMENT IS LESS THAN TWO YEARS					
Employer:		Employer's Address:			How Long:
Human Resources/Supervisor:			Telephone:		
Position Held:		Annual Income:		Bonus:	
FINANCIAL INFORMATION					
Bank:		Branch Address:		Bank Officer:	Bank Telephone:
Account Number:				Checking ___ Savings ___ Securities ___ (Please check appropriate a/c)	
Bank:		Branch Address:		Bank Officer:	Bank Telephone:
Account Number:				Checking ___ Savings ___ Securities ___ (Please check appropriate a/c)	



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ADDITIONAL INFORMATION

Interest, Dividends, Real Estate, Portfolio value, etc.:

REFERENCES

Accountant (If applicable):

Telephone:

Attorney (If Applicable):

Telephone:

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, landlord; management firms its agent(s), Credential Researchers and any other parties hereto 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 the owner, landlord; management firms its agent(s), Credential Researchers and any other parties hereto 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. If a lease is approved and executed, this completed application form may become a part of that certain lease.

Information about your rights as an apartment Applicant, under Fair Credit Reporting legislation: You have the right to obtain one free credit report annually from each major credit reporting agency. The credit reporting agencies used by Credential Researchers, the firm which does tenant screening are Experian (www.experian.com), or by phone at 888-397-3742) and Trans Union (www.transunion.com) or by phone at 800-888-4213). Contact information for Credential Researchers is provided at the top of the next pages of this application. You have the right to dispute incomplete or inaccurate credit information to the consumer reporting agencies who must remove inaccurate or unverifiable information from your credit report.

I understand that the credit check fee is non-refundable.

Processing Fee: _____ Date: _____ Signature: _____

***Please note: If your company's policy is to verify salary only through one of the automated systems (such as TheWorkNumber.com which charges \$17.00) please obtain the verification yourself and fax it to us.**



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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 applicable i.e. 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 the abovementioned parties that The Credential Researchers, Ltd. will be contacting them. Please indicate the importance of a prompt response. Thank you.

CHELSEA TOWER

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IMPORTANT NOTICE REGARDING CANCELLATIONS

In the event your application is approved and a lease is issued to you and not returned to the owner within seven (7) calendar days thereafter, and you subsequently notify the owner of your election not to rent the apartment, the owner reserves the right to charge you an amount up to one month's rent. Following any such cancellation hereunder, the balance of any funds paid in connection with the lease application shall be refunded to you.

READ, UNDERSTOOD and AGREED:

Applicant's Name: _____

Applicant's Signature: _____

Applicant's Name: _____

Applicant's Signature: _____

Applicant's Name: _____

Applicant's Signature: _____



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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 protested or denied by the Applicant. The credit checking fee is non-refundable. PLEASE KEEP A COPY OF THIS AS YOUR RECEIPT.

Check one: ☐ Visa _____ ☐ MasterCard _____ ☐ AMEX _____

Credit Card Number: _____

Expiration Date: _____ 3 or 4 Digit Security Code: _____

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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FOR CONFIDENTIAL USE ONLY
NEW YORK DISCLOSURE AND RELEASE

In connection with my application for employment and/or tenant screening (including contract for services) with **Steinberg & Pokoik Management Corporation**. I understand that consumer reports which may contain public record information and investigative consumer reports consisting of interviews with employers, neighbors, friends, and associates may be requested through one or more consumer reporting agencies. These reports may include the following types of information: names of employers and dates of previous employment, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. I hereby consent to your obtaining the above information from such agency.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agencies at their provided address, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the two year period preceding my request.

I hereby authorize procurement of consumer report(s). If I am hired, sign a lease (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports and investigative consumer reports at any time during my employment (or contract) period.

I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

Print Name

Social Security No.

Applicant's Signature

Date

Fair Credit Reporting Act Notice

Information contained herein should not be the sole determiner in the evaluation of this individual. (Human error in compiling this information is possible.) All other factors, references and current situations should be considered. The information in this report is derived from records in accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508 Title VI). This information may only be used to verify statements made by an individual for insurance, employment purposes, tenant screening or in connection with other business. Our policy requires purchasers of these reports to have a signed consent form. This assures that all users will abide by their obligations, and remain in compliance of FCRA. The inquirer agrees to hold all information contained herein in strict confidence and The Credential Researchers, Ltd. shall not be held liable for any damages arising from any improper use of this information.



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FOR CONFIDENTIAL USE ONLY

***Authorization for Release of Information and for the
Procurement of a Background Report***

I consent to have a background investigation made as to my character, professional reputation, employment history, credit history, driving record, social security information, criminal record, and other pertinent information. I hereby authorize **Steinberg & Pokoik Management Corporation** to obtain a background report containing the foregoing information from The Credential Researchers Ltd. NYC, NY 10023

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, public agencies, past employers, personal interviews with those who know me, and others.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify **Steinberg & Pokoik Management Corporation** and The Credential Researchers Ltd., its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from The Credential Researchers Ltd., and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of **Steinberg & Pokoik Management Corporation** and The Credential Researchers Ltd., unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

IMPORTANT! SATISFACTORY TO CONTACT PRESENT EMPLOYER? YES ☐ NO ☐

Applicant's Signature _____

Date _____

Printed Name: _____

Social Security No.: _____

Street Address: _____

Date of Birth: _____

City/State/Zip: _____

* Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.

Fair Credit Reporting Act Notice

Information contained herein should not be the sole determiner in the evaluation of this individual. (Human error in compiling this information is possible.) All other factors, references and current situations should be considered. The information in this report is derived from records in accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508 Title VI). This information may only be used to verify statements made by an individual for insurance, employment purposes, tenant screening or in connection with other business. Our policy requires purchasers of these reports to have a signed consent form. This assures that all users will abide by their obligations, and remain in compliance of FCRA. The inquirer agrees to hold all information contained herein in strict confidence and The Credential Researchers, Ltd. shall not be held liable for any damages arising from any improper use of this information.

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**NOTICE OF NEW RULE UNDER ARTICLE 11(B) OF ALL
LEASES FOR RESIDENTIAL TENANTS OF 100 WEST
26TH STREET, NEW YORK, NY 10001 REGARDING
LEASE ASSIGNMENTS**

EFFECTIVE IMMEDIATELY, ALL APPLICATIONS TO
ASSIGN THE LEASE UNDER REAL PROPERTY LAW
SECTION 226-B OR OTHERWISE SHALL BE IN WRITING
AND ACCOMPANIED BY A NON-REFUNDABLE
PROCESSING FEE OF ONE THOUSAND DOLLARS
(\$1,000.00) MADE OUT TO S&P/DM 26 DEVELOPMENT
LLC. PER THE REAL PROPERTY LAW STATUTE, THE
APPLICATION REVIEW PROCESS MAY TAKE UP TO
THIRTY (30) DAYS. PLEASE DO NOT CONTACT THE
OFFICE DURING THE REVIEW PERIOD, MANAGEMENT
WILL ADVISE THE ASSIGNOR IF APPROVED.
ASSIGNMENT PROTOCOLS CAN BE OBTAINED FROM
THE LEASING OFFICE.

THANK YOU

S&P / DM 26 DEVELOPMENT, LLC