

50 West 17th Street New York, NY 10011 Phone: (212) 896.8600 Fax: (212) 896.8667

www.argo.com

Rental Application

Application Ove	rview					
Monthly Rent:		Security Deposit:				
Lease Term (1 or 2 years	5):	-				
Lease Start Date:		Lease End Date:				
Primary Applicant:		SS#:				
Phone:	Cell:	Email:				
Co-Applicant:		SS#:				
Phone:	Cell:	Email:				
MUST BE ON OUT IF SELF EMPLO 2. Bank State PROVIDE ALL IF 3. Current Lai MUST INCLUDIF YOU CURRE	nt & Salary / Income Verification Letter COMPANY LETTERHEAD AND INCLUDE SALARY, LENGTH OF OYED PLEASE ENCLOSE A NOTARIZED LETTER FROM YOUR OF Ment(s) for ALL Accounts (previous two (2) mo PAGES OF EACH STATEMENT, INCLUDING BLANK PAGES AN Indiord / Managing Agent Reference Letter WE MONTHLY RENT, LENGTH OF OCCUPANCY, REFEREE'S CONTLY OWN YOUR OWN HOME, PLEASE PROVIDE PROOF O	C.P.A. Inths) ND COPIES OF CLEARED CHECKS. DNTACT INFORMATION, AND BE SIGNED & DATED. IF OWNERSHIP AND EXPLANATION OF PLANS FOR THAT F				
MUST INCLUD	eral Income Tax Returns, W2 forms and/or 109 BE ALL SCHEDULES & PAGES, AND BE SIGNED. APPLICATION TAX RETURN OR A COPY OF YOUR EXTENSION AND THE TO ON Submission	IS SUBMITTED AFTER APRIL $15^{ ext{TH}}$ MUST INCLUDE				
1.	Credit Check Fee / per person (non-refundable)	Payable to:				
	1 st Months Rent (MUST be Certified/Cashier's Check)	Payable to:				
3	Security Deposit (MUST be Certified/Cashier's Check)	Payable to:				

Payable to:

Brokerage Fee (MUST be Certified/Cashier's Check)

Rental Application [cont] Page 2 of 6

Applicant(s)

Primary Applicant:		_ SS#:				
Phone:	Cell:		Email:			
Co-Applicant:						
Phone:	Cell:		Email:			
Residence History						
Applicant						
Current Address:		City:		State:	Zip:	
Length of Residency:		Monthly Rent / Mortgage	Payment:			
Landlord / Managing Agent:		Phone:		_Fax:		
Previous Address:		City:		State:	Zip:	
Length of Residency:		Monthly Rent / Mortgage	Payment:			
Landlord / Managing Agent:		Phone:		_Fax:		
<u>Co-Applicant</u>						
Current Address:		City:		State:	Zip:	
Length of Residency:		Monthly Rent / Mortgage Payment:				
Landlord / Managing Agent:		Phone:		Fax:		
Previous Address:		City:		State:	Zip:	
Length of Residency:		Monthly Rent / Mortgage	Payment:			
Landlord / Managing Agent:		Phone:		Fax:		
Employment Information						
Applicant						
Employer:		Phone:		Fax:		
Business Address:		City:		State:	Zip:	
Length of Employment:		Annual Income:				
<u>Co-Applicant</u>						
Employer:		Phone:		Fax:		
Business Address:		City:		State:	Zip:	
		Annual Income:				

Rental Application [cont] Page 3 of 6

Business / Professional References

Applicant	Co-Applicant			
1. Name:	1. Name:			
Company:	Company:			
Address:	Address:			
Title / Position:	Title / Position:			
Phone:	Phone:			
2. Name:	2. Name:			
Company:	Company:			
Address:	Address:			
Title / Position:	Title / Position:			
Phone:	Phone:			
Personal References				
Applicant	Co-Applicant			
1. Name:	1. Name:			
Address:	Address:			
Relationship to Applicant:	Relationship to Applicant:			
Phone:	Phone:			
2. Name:	2. Name:			
Address:	Address:			
Relationship to Applicant:	Relationship to Applicant:			
Phone:	Phone:			
Bank References				
Applicant	Co-Applicant			
Checking Account #:	Checking Account #:			
Bank: Branch:	Bank: Branch:			
Savings Account #:	Savings Account #:			
Bank: Branch:	Bank: Branch:			
Other Account #:	Other Account #:			
Pank: Pranch:	Pank: Pranch:			

Rental Application [cont] Page 4 of 6

Statement of Income

ANNUAL AMOUNT:	APPLICANT	CO-APPLICANT
Base Salary:		
Overtime:		
Bonuses:		
Commissions:		
Dividends & Interest:		
Real Estate Income (NET):		
Alimony / Child Support:		
Other Income:		
TOTAL INCOME:		
	TOTAL COMBINED ANNUAL INCOME:	

Additional Information

Please answer the following: (if any of these questions are answered "YES", please provide details in the space provided or attach additional pages if needed)

1.	Do the applicants own any Real Property?			□YES	□NO
	if yes, list address(es):				
	Lender:	Balance of Loan:	Current Market Value:		
2.	Do the applicants own any Co-operative Apa	rtments?		□YES	□NO
	if yes, list address(es):				
	Lender:	Balance of Loan:	Current Market Value:		
3.	Do the applicants own any Stock or Bonds?			□YES	□NO
	Company Name:	Stock / Bond #:	Description:		
	Company Name:	Stock / Bond #:	Description:		
4.	Do the applicants own any other assets?			□YES	□NO
	please describe:				
5.	Are there any outstanding judgments against	either the Applicant or Co-App	licant?	□YES	□NO
	please describe:				
6.	Has either the Applicant or Co-Applicant dec	ared bankruptcy in the past 10	years?	☐ YES	□NO
	please describe:				
7.	Has either the Applicant or Co-Applicant had	property foreclosed upon or given	ven title or deed in lieu thereof?	☐ YES	□NO
	please describe:				
8.	Is either the Applicant or Co-Applicant oblige	d to pay Alimony, Child Support	, or Separate Maintenance?	☐ YES	□NO
	please describe:				
9.	Is either the Applicant or Co-Applicant party	in a lawsuit?		□YES	□NO
	please describe:				
10.	Is either the Applicant or Co-Applicant co-ma	ker or endorser of a note?		□ YES	□NO
	please describe:				
11.	Do you plan to keep any pets in this apartme	nt?		□YES	□NO
	please describe (species/breed/weight/age/etc):				
12.	Do you plan to play any musical instruments	in this apartment?		□YES	□NO
	nlease describe				

Rental Application [cont] Page 5 of 6

Additional Information [cont]

Please list the name, relationship, age, and Name	Relationsh		Age		Social Security No.		
		 -					
Guarantor Information Please complete this section if you will be h	aving a third party guarantee y	our full performance o	of the Lease.				
Guarantor:	. , , , , ,	·					
Phone:	Cell:						
Current Address:		City:		State:	Zip:		
Employer:		Phone:		Fax:			
Business Address:		City:		State:	Zip:		
Fitle / Position:	Length of Employ	vment:	An	nual Income:			
Relationship to Applicant(s):							
Any individual acting as a guarantor will nee	ed to provide the following sup	porting documentatio	n:				
 Employment & Salary / Income Verific Bank Statement(s) for ALL Accounts (g Latest Federal Income Tax Returns, W Credit Report Authorization (and appl 	orevious two (2) months) /2 forms and/or 1099 forms						
Representations / Authorizatio	ons						
<u>Credit Release in Compliance with Section 606 of</u> The Undersigned authorize the Owner/Property Information on our character, general reputation,	Manager to retain credit reporti				-		
Non-Military Representation: The Undersigned represent that we are not memb support.	pers of any branch of the United St	ates Military, and are not	relying on the income	of any member of the Ui	nited States Military for financial		
The foregoing application has been carefully pre Furthermore the applicant(s) acknowledge and au	-				n is complete, true and correct.		
Applicant's Signature	Date:	Co-Applicant's	Signature		Date:		

Rental Application [cont] Page 6 of 6



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Credit Report Authorization

I hereby authorize Argo Real Estate, LLC and or/its agents to obtain consumer reports through *CoreLogic Saferent c/o Consumer Relations Department 7300*Westmore Road, Suite 3 Rockville, MD 20850-5223 and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, housing court, social search, sex offender search, criminal background check, employment/income verification, prior residency verification and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect to or in connection with the rental or lease of a residence for which application was made. I agree to hold the above named company and procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information. I also understand I have the right to obtain a copy of my personal consumer report from www.annualcreditreport.com and am able to dispute any inaccurate information that might be found on such report. I/We further consent and authorize Argo Real Estate, LLC and/or its agents to furnish this information to the Board of Directors, and/or its agents of the cooperative building or condominium to which I/We have applied, or to the Landlord of the rental apartment and his/her agents.

Authorization for Electronic Debit:

You are hereby on notice that all checks submitted to this office can be processed electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution. By submitting a check for payment, you are authorizing us to initiate an electronic debit from your bank or asset account as early as the same day the check is received in our office. Please note that you will not receive a cancelled check with your bank or asset account statement with respect to any checks processed electronically, but such amounts will appear as debits on the statement issued by your bank or asset account.

Applicant's name (print)	_		Applicant's signature		
Social Security #:	Date of Birth: _		Phone:		
Current Address:		City:		_State:	Zip:
Co-Applicant's name (print)	-		Co-Applicant's signature		
Social Security #:	Date of Birth:		Phone:		
Current Address:		City:		_ State:	Zip:
Guarantor's name (print)	-		Guarantor's signature		
Social Security #:	Date of Birth:		Phone:		
Current Address:		City:		State:	7in:

REWARD YOURSELF FOR RENTING



The Argo Corporation now offers a new and rewarding way to pay your rent each month



The Argo Corporation is pleased to be among the first high-end residential communities in NYC that invites American Express Card Members to earn Membership Rewards Points.

Simply pay your monthly rent with your American Express Card and you can earn Membership Rewards Points that can be redeemed towards retail and travel rewards.

Renting from The Argo Corporation has always been rewarding. Now it's even more so.

STARTING THIS AUGUST AT SELECTED ARGO PROPERTIES



Terms and Conditions of the Membership Rewards program apply. Individual terms and conditions, as well as annual program fees, apply on certain card products. For more information or to enroll in the membership rewards program, visit www.americanexpress.com/rewards or call 1-800-AXP-EARN. The payment by credit card is not essential, required or auxiliary service provided by the landlord.