

50 West 17th Street, New York, NY 10011 T: 212.896.8600 | F: 212.896.8666 | argo.com

Rental Application

Appl	lication Overview				
ייף ויים:	ng Addross: 82.08/24 12E TH CTDEET			Apt #:	
Month	hly Rent:	Securi	ty Deposit:		
Lease	Term (1 or 2 years):				
Lease	Start Date:	Lease	Lease End Date:		
Prima	rry Applicant:	SS#:			
Phone	e:	Cell:	E	mail:	
Со-Ар	pplicant:	SS#:			
Phone	e:	Cell:	E	mail:	
		AND INCLUDE SALARY, LENGTH OF EMP ICLOSE A NOTARIZED LETTER FROM YOU	UR C.P.A.	VISOR/HR CONTACT	
	, ,	ENT, INCLUDING BLANK PAGES AND CO		KS.	
	3. Current Landlord / Managing A MUST INCLUDE MONTHLY RENT, LENG IF YOU CURRENTLY OWN YOUR OWN H	- TH OF OCCUPANCY, REFEREE'S CONTAC	•		
	4. Latest Federal Income Tax Retu MUST INCLUDE ALL SCHEDULES & PAGE INCLUDE MOST RECENT TAX RETURN OF	ES, AND BE SIGNED. APPLICATIONS SUB	MITTED AFTER APRIL 15		
Chec	cks Due Upon Submission				
1.	\$50.00 Credit Check Fee /	per person (non-refundable)	Payable to:	ARGO REAL ESTATE, LLC	
2.		JST be Certified/Cashier's Check)	Payable to:	WINDSOR OXFORD COMPANY	
3.		UST be Certified/Cashier's Check)	Payable to:	WINDSOR OXFORD TENANT SECURITY ACCOUNT	
4.	Brokerage Fee (MUS	ST be Certified/Cashier's Check)	Payable to:	ARGO REAL ESTATE, LLC	

Residence History

<u>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:	
<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			
<u>Applicant</u>			
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:
Length of Employment:	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 #:
Bank: Branch:	Bank: Branch:

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 #	t:		escription:
	Company Name:	Stock / Bond #:	Description:		
4.	Do the applicants own any other assets?			□ YES	□ NO
	please describe:				
5.	Are there any outstanding judgments agains	t either the Applicant or Co-Appl	licant?	□ YES	□ NO
	please describe:				
6.	Has either the Applicant or Co-Applicant dec	lared bankruptcy in the past 10	years?	□ YES	□ NO
	please describe:				
7.	Has either the Applicant or Co-Applicant had	property foreclosed upon or give	ren 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
	please describe:				

Rental Application [cont] Page 5 of 6

Additional Information [cont]

Please list the name, relationship, age, and Social Se	curity Number of each pe	rson who will reside in the apa	artment besides the applicant	and co-applicant.
Name	Relationship	Social Sec	curity No.	
Guarantor Information				
Please complete this section if you will be having a th	hird party guarantee your	full performance of the Lease	<u>.</u>	
Guarantor:		SS#:		
Phone:	Cell:		Email:	
Current Address:		City:	State:	Zip:
Employer:		Phone:	Fax:	
Business Address:		City:	State:	Zip:
Annual Income:	_ Length of Employme	nt:		
Relationship to Applicant(s):				
Any individual acting as a guarantor will need to pro	vide the following suppor	ting documentation:		
 Employment & Salary / Income Verification Let Bank Statement(s) for ALL Accounts (previous t 				
3. Latest Federal Income Tax Returns, W2 forms	and/or 1099 forms			
Credit Report Authorization (and applicable fee	е)			
December 1 Authoritation				
Representations / Authorizations				
Credit Release in Compliance with Section 606 of the Fair C The Undersigned authorize the Owner/Property Manager	to retain credit reporting a		•	-
information on our character, general reputation, personal c	characteristics and mode of liv	ving. This authorization automatic	ally expires upon the termination o	f our tenancy.
Non-Military Representation: The Undersigned represent that we are not members of any support.	branch of the United States	Military, and are not relying on th	ne income of any member of the Ui	nited States Military for financial
The foregoing application has been carefully prepared, and Furthermore the applicant(s) acknowledge and authorize Arg	-		•	in is complete, true and correct.
Applicant's Signature	Date:	Co-Applicant's Signature		Date:



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<u>Credit Report Authorization</u> (page 1 of 2)

I/We authorize Argo Real Estate LLC and or/its agents to obtain a tenant background search or consumer report through *CoreLogic Saferent c/o Consumer Relations Department* 7300 Westmore Road, Suite 3, Rockville, MD 20850-523 and any other information it deems necessary, for the purpose of evaluating my application. I/We understand that such information may include, but is not limited to credit history, housing court, sex offender search, criminal background check, employment/income verification, prior residency verification and/or any other necessary information. I/We 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 of a residence for which application was made. I/We agree to hold the above named company and procurer or furnisher of information, free from any liability what-so-ever in the use, procurement, or furnishing of such information. 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.

Pursuant to federal and state law:

- 1. If the Landlord takes adverse action against you on the basis of information contained in a tenant screening report, the Landlord must notify you that such action was taken and supply you with the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken;
- If any adverse action is taken against you based on information contained in a consumer screening report, you have the right to inspect and receive a free copy of the report by contacting the consumer reporting agency;
- 3. Every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer credit reporting agency (Equifax, Experian and TransUnion) annually, in addition to a credit report that should be obtained from <u>.annualcreditreport.</u>; and
- 4. Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.

Signature of Applicant	Date
Signature of Co-Applicant	Date
Signature of Guarantor	Date

<u>Credit Report Authorization Form</u> (page 2 of 2)

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 Sigr	nature	
Social Security #:	_Date of Birth:	_Phone:	
Current Address:	City:	_State:Zip:	
Guarantor's Name (print)	Guarantor's Signat	ure	
Social Security #:	_Date of Birth:	_Phone:	
Current Address:	City:	_State:Zip:	

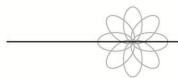
Authorization for Electronic Debit:

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 of 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.

A-M ABIGAILMICHAELS

CONCIERGE

Registration for Concierge Services





ORGO REAL ESTATE

Please email to concierge@abigailmichaels.com or fax to (212) 481-6366

Last Name	First Name	
Address/Apt #		
Home Phone	Cell Phone	
Email Address		
Move in Date		
Michaels Concierge, Inc. Neither A		Estate LLC shall be
If you wish to "opt out" of Abigail N	/lichaels' future email offers and promotions, pl	ease initial here
prd = ppt prd		>4 ≜ #

AM ABIGAILMICHAELS

CONCIERGE

Concierge Services

To show you the value of our service, we've listed our most popular requests and categories. But don't let that limit your thinking! Residents have access to a vast repertoire of hotel-style concierge services, focused on your personal and professional needs.





Business and Professional Services

Messenger & Courier Office Organization Technical Support Referrals Corporate Gifts

▲ Travel & Transportation

Car & Limousine Service Private Charters Travel Arrangements

Beauty & Personal Care

Massage, Spa & Salon Bookings Personal Training & Nutrition Cosmetic Consultations Garment Tailoring

Moving & Storage

Moving Company Discounts Storage Recommendations Home Staging Packing Services

Pet Care

Dog Walking & Daycare Pet Sitting & Boarding Grooming & Veterinary Behavioral Training

Entertainment & Leisure

Restaurant Reservations
Nightclub Reservations
Theater, Concert & Sporting Event Tickets
Catering, Rentals & Event Planning
Music & Language Training
Tutoring & Academic Instruction

▲ Home Services

Housekeeping & Spring Cleaning
Window Washing Upholstery &
Carpet Care Handyman,
Electrician & Plumber Personal
Chefs & Prepared Meals
Apartment Sits for Deliveries and
Installations Home
Organization AudioVisual Installations
Interior Design Referrals
Window Treatment Recommendations
Landscaping Referrals
Wine Cellar Management

Shopping

Personal Shopping Wardrobe Consultations Gift Ideas & Sourcing Jewelry & Watch Repair

