

KNICKERBOCKER PLAZA
1751-1763 Second Avenue
New York, NY 10128

Date: _____

Apt: _____

Dear Prospective Guarantor:

Thank you for your interest in Knickerbocker Plaza.

Enclosed for your completion is the lease application package.

The following is a checklist of items/documents that should be returned to the rental office within three days.

- 1) Signed and completed Application for Occupancy.**
- 2) Signed, completed and notarized Financial Statement with all required backup**
- 3) Signed and completed Release of information Authorization with credit card information.**
- 4) Fee for credit check in the amount of \$ for each guarantor.**
- 5) Three consecutive pay check stubs for each guarantor, or letter from employer(s) verifying current income and employment.**
- 6) Federal or State Income tax returns for the past year.**

We would be happy to assist you in the completion of the enclosed or answer any questions you might have.

Upon receipt of the completed lease package, we will process your lease application for Landlord approval.

Sincerely,

R.Y. Management Co., Inc.

**PLEASE BE ADVISED THE LANDLORD USES THE
FOLLOWING CONSUMER REPORTING AGENCIES**

CREDIT.HISTORYREPT

EXPERIAN - 701 Experian Prkwy, Allen, TX 75013 {888} 397-3742
www.experian.com/reportaccess

TRANS UNION - PO Box 1000, Chester, PA 19022 (800) 888-4213
www.transunion.com

CSC EQUIFAX - PO Box 740241, Atlanta, GA 30374 (800) 685-1111
www.equifax.com

RENTAL.HISTORY

TENANT DATA -SERVICES - PO Box 5404 Lincoln, NE 68505-0404
(800) 228-1837

**CONSUMERS ARE ENTITLED TO ONE FREE TENANT SCREENING
REPORT FROM EACH CONSUMER REPORTING AGENCY ANNUALLY
AND MAY DISPUTE INACCURATE OR INCORRECT INFORMATION
CONTAINED IN SUCH TENANT SCREENING REPORT DIRECTLY WITH
THE CONSUMER REPORTING AGENCY.**

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you--such as if you pay your bills on time or have filed bankruptcy--to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every 12 months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to \$8.00.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinstated the item. The notice must include the name, address, and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone--such as a creditor who reports to a CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than 7 years old; 10 years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or perspective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for 2 years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in State or Federal court.

The FCRA gives several different Federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors, and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 • 202-326-3761
National banks, Federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 • 800-613-6743
Federal Reserve System member banks (except National banks and Federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 • 202-452-3693
Savings associations and Federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 • 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institutions name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 • 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 • 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 • 202-366-1306
Activities subject to the Packers and Stockyards Act. 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 • 202-720-7051

TENANT
NAME _____
DATE _____
SIGNATURE _____

TENANT
NAME _____
DATE _____
SIGNATURE _____

**KNICKERBOCKER PLAZA
1751-1763 Second Avenue
New York, NY 10128**

DATE

APPLICATION FOR OCCUPANCY

(Please PRINT)

Name: _____ Telephone: _____

Address: _____

Date of Birth: _____ Social Security No. _____

Co-tenant's Name: _____ Telephone: _____

Address: _____

Date of Birth: _____ Social Security No. _____

In Case of Emergency Notify : _____

THE INFORMATION PROVIDED ON THIS APPLICATION MAY BE USED TO OBTAIN A TENANT SCREENING REPORT FROM ONE, SEVERAL OR ALL OF THE FOLLOWING CONSUMER REPORTING AGENCIES (THROUGH TENANT DATA VERIFICATION):

CREDIT HISTORY REPORT

EXPERIAN - 701 Experian Prkwy, Allen, TX 75013 {888} 397-3742 www.experian.com/reportaccess

TRANS UNION - PO Box 1000, Chester, PA 19022 (800) 888-4213 www.transunion.com

CSC EQUIFAX - PO Box 740241, Atlanta, GA 30374 (800) 685-1111 www.equifax.com

CRIMINAL HISTORY REPORT

TENANT DATA VERIFICATION - 344 Portion Road, Lake Ronkonkoma, NY 11779 {631} 615-2415

CONSUMERS ARE ENTITLED TO ONE FREE TENANT SCREENING REPORT FROM EACH CONSUMER REPORTING AGENCY ANNUALLY AND MAY DISPUTE INACCURATE OR INCORRECT INFORMATION CONTAINED IN SUCH TENANT SCREENING REPORT DIRECTLY WITH THE CONSUMER REPORTING AGENCY.

PLEASE COMPLETE THE ATTACHED FINANCIAL STATEMENT FOR APPLICANT AND CO-APPLICANT. IN ADDITION, PLEASE COMPLETE FOR ANY ADDITIONAL PERSONS WHO WILL BE LEASEHOLDERS.

FOR OFFICE USE ONLY:

BLDG/APT _____ RE NT _____

OCCUPANCY DATE: _____

INCOME INFORMATION

Applicant's Current Employer:

Name & Address : _____
Contact Person: _____ Telephone No. () _____
Length of Employment: _____
Anticipated Annual Income : _____
Previous Employer: Name _____ Address _____
Contact Person _____ Telephone No. () _____
Annual Salary _____ Length of Employment _____

Co-Applicant's Current Employer:

Name & Address: _____
Contact Person: _____ Telephone No. () _____
Length of Employment: _____
Anticipated Annual Income: _____
Previous Employer: Name _____ Address _____
Contact Person _____ Telephone No. () _____
Annual Salary _____ Length of Employment _____

RESIDENCE HISTORY

PRESENT ADDRESS _____
APT. # _____ PHONE _____ HOW LONG _____
PRESENT LANDLORD _____ PHONE _____ RENT _____
1. PREVIOUS ADDRESS _____ APT. # _____ HOW LONG _____
PREVIOUS LANDLORD _____ PHONE _____ RENT _____
2. PREVIOUS ADDRESS _____ APT. # _____ HOW LONG _____
PREVIOUS LANDLORD _____ PHONE _____ RENT _____

REFERENCES

PERSO L REFERENCE (DO NOT INCLUDE RELATIVES)

1. NAME _ _ _ _ _
ADDRESS _ _ _ _ _ PHONE _ _ _ _ _

2. NAME _ _ _ _ _
ADDRESS _ _ _ _ _ PHONE _ _ _ _ _

BUSINESS REFERENCES:

1. NAME OF CPA _ _ _ _ _
ADDRESS _ _ _ _ _ PHONE _ _ _ _ _

2. NAME OF ATTORNEY _ _ _ _ _
ADDRESS _ _ _ _ _ PHONE _ _ _ _ _

ADDITIONAL INFORMATION

	<u>OTHER RESIDENTS TO OCCUPY APT</u>	<u>SOCIAL SECURITY NO.</u>	<u>RELATIONSHIP TO HEAD*</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

*Optional

BANK REFERENCES:

Checking _____ Branch# _____ Acct. # _ _ _ _ _

() _ _ _ _ _ Branch# _ _ _ _ _ Acct. # _ _ _ _ _

() _ _ _ _ _ Branch# _ _ _ _ _ Acct. # _ _ _ _ _

Do you have Credit Cards? _ _ _ _ _

DRIVER'S LIC. NO. _ _ _ _ _

NUMBER OF CARS (Include Company Cars) _____

MAKE _ _ _ _ _ YEAR _ _ _ _ _ LICENSE PLATE#: _ _ _ _ _

MAKE _ _ _ _ _ YEAR _ _ _ _ _ LICENSE PLATE#: _ _ _ _ _

OCCUPANCY INFORMATION:

1. NAME OF DESIGNATED OCCUPANT: _____

2. WILL THERE BE ANY BUSINESS OR PROFESSION CONDUCTED AT THIS APARTMENT?
____ IF SO, WHAT IS THE NATURE OF THE BUSINESS OR PROFESSION? (DESCRIBE
IN DETAIL) _____

3. WILL THERE BE ANY EMPLOYEES WORKING IN THE APARTMENT? _____
IF SO, HOW MANY? _____

4. WILL THERE BE ANY BUSINESS OR PROFESSIONAL VISITORS TO THE APARTMENT?
_____ IF SO, ESTIMATED NUMBER PER DAY? _____

5. DOES OCCUPANT WISH TO MAINTAIN ANY PETS? IF SO, PLEASE SPECIFY

WITH MY SIGNATURE, I DO HEREBY ACKNOWLEDGE THE NO DOG POLICY AS PER THE BY-LAWS OF RUPPERT YORKVILLE TOWERS AND AGREE TO ABIDE BY THAT POLICY AND ATTEST TO THE FACT THAT THERE WILL BE NO DOG KEPT ON THE PREMISES.

Background/Credit Check Processing Fee \$ _____
(Non-Refundable)

SIGNATURE _____
(Applicant)

SIGNATURE _____
(Co-Applciant)

DATE _____

TENANT DATA VERIFICATION CO. INC.
SERVICING THE REALTY INDUSTRY

344 PORTION ROAD
LAKE RONKONKOMA, NEW YORK 11779
TEL.# (631) 615-2415 FAX# (631) 615-2422

I hereby authorize Tenant Data Verification, Co., Inc., to charge my credit card for the purpose of obtaining a credit background. I (WE) release T.D.V. from any and all liability from doing so.

Apartment

Building

APPLICANTS PAYMENT (\$20 per applicant) _____ (credit fee is non-refundable)

MANAGEMENTS PAYMENT (billed) _____

PLUS TAX TOTAL AMOUNT _____

- NAME OF CREDIT CARD HOLDER _____

BILLING ADDRESS OF CARD HOLDER : _____

City, State Zip Code

,- CREDIT CARD NUMBER _____

EXPIRATION DATE- _____

INDICATE TYPE OF CARD _____

--- VISA - MASTERCARD -AMERICAN EXPRESS- DISCOVERY

-- *3 OR 4 DIGIT SECURITY CODE- _____

SIGNATURE OF CARD HOLDER- _____

,- *UNABLE TO PROCESS WITHOUT THJS CODE

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1751-1763 Second Avenue
New York, NY 10128

Release of Information Authorization

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY OR INSTITUTION TO RELEASE TO TENANT DATA VERIFICATION AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION THAT THEY HAVE CONCERNING MY CHARACTER, REPUTATION, MODE OF LIVING, EMPLOYMENT HISTORY, EDUCATIONAL HISTORY, CRIMINAL ACTIVITY AND CREDIT REPORT

I HEREBY RELEASE THE INDIVIDUAL, COMPANY OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION.

TENANT

FULL NAME (PRINT OR TYPE) DATE OF BIRTH

SIGNATURE SS# DATE

CO-TENANT

FULL NAME (PRINT OR TYPE) DATE OF BIRTH

SIGNATURE SS# DATE

PAYMENT:

NAME OF CREDIT CARD HOLDER: _____

SIGNATURE OF CARD HOLDER: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

INDICATE TYPE OF CARD: _____

KNICKERBOCKER PLAZA
 1751-1763 Second Avenue
 New York, NY 10128
FINANCIAL STATEMENT
Please provide documentation for each item listed

Name: _____

Address: _____

Assets:

Total of cash in banks, CMA's, CD's, etc. (see Schedule A)	\$ _____
Securities (see Schedule B)	\$ _____
Real Estate (see Schedule C)	\$ _____
Pension Funds (see Schedule D)	\$ _____
Life Insurance Cash Surrendered Value (see Schedule E)	\$ _____
Other Assets (see Schedule F)	\$ _____

Liabilities:

Mortgage Payable (see Schedule C)	\$ _____
Other Liabilities (see Schedule G)	\$ _____
Total Liabilities	\$ = _____
Net Worth	\$ _____

Income:

Salary	\$ _____
Dividends & Interest	\$ _____
Other (see Schedule H)	_____
Total Income	\$ _____

Signature -Applicant **Date**

Signature - Co-Applicant **Date**
 i. --

Sworn before me this _____ day
 of _____, 20__

 Notary Public

D. Pension Funds

E. Life Insurance

Beneficiary, Insurance Co. Cash Surrender Value

F. Other Assets

Description Amount
