

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

Date: \_\_\_\_\_

Apt: \_\_\_\_\_

Dear Prospective Tenant:

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 and completed and notarized Financial Statement with all required backup.**
- 3) Signed and completed Release of Information Authorization.**
- 4) Fee for credit check in the amount of \$20.00 for each leaseholder, co-head of household or co-tenant (payment can be made by check or money order payable to Tenant Data Verification, or Visa, Mastercard or American Express.)**
- 5) Three consecutive pay check stubs for each leaseholder, co-head of household or co-tenant, or letter from employer(s) verifying current income and employment.**
- 6) Federal or State Income Tax Returns for the past year.**
- 7) A copy of a Renter's Insurance Policy in a specific amount naming Knickerbocker Plaza, LLC as additionally insured.**
- 8) Once your application has been approved and a move-in date confirmed, a copy of an insurance certificate is required from the moving company naming Knickerbocker Plaza, LLC and RY Management Co., Inc. as additionally insured.**

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,

RY Management Co., Inc.

## 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:
CRA's, 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 \_\_\_\_\_

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

**EXPERIAN** - 701 Experian Prkwy, Allen, TX 75013 (888) 397-3742  
[www.experian.com/reportaccess](http://www.experian.com/reportaccess)

**TRANS UNION** - PO Box 1000, Chester, PA 19022 (800) 888-4213  
[www.transunion.com](http://www.transunion.com)

**CSC EQUIFAX** - PO Box 740241, Atlanta, GA 30374 (800) 685-1111  
[www.equifax.com](http://www.equifax.com)

**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.**

**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 : \_\_\_\_\_

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**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](http://www.experian.com/reportaccess)

**TRANS UNION** - PO Box 1000, Chester, PA 19022 (800) 888-4213 [www.transunion.com](http://www.transunion.com)

**CSC EQUIFAX** - PO Box 740241, Atlanta, GA 30374 (800) 685-1111 [www.equifax.com](http://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.**

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**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 \_\_\_\_\_ RENT \_\_\_\_\_

OCCUPANCY DATE: \_\_\_\_\_

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**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. # \_\_\_\_\_

How long \_\_\_\_\_ Present Landlord \_\_\_\_\_ Phone \_\_\_\_\_

1. Previous Address \_\_\_\_\_ Apt. # \_\_\_\_\_

How long \_\_\_\_\_ Previous Landlord \_\_\_\_\_ Phone \_\_\_\_\_

2. Previous Address \_\_\_\_\_ Apt. # \_\_\_\_\_

How long \_\_\_\_\_ Previous Landlord \_\_\_\_\_ Phone \_\_\_\_\_

**REFERENCES**

**Personal References: {Do not include relatives}**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Business References:**

1. Name of CPA \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Attorney \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL INFORMATION**

OTHER RESIDENTS TO OCCUPY APARTMENT	SOCIAL SECURITY NO.	RELATIONSHIP TO HEAD	SEX	AGE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**Bank References:**

Checking \_\_\_\_\_ Branch # \_\_\_\_\_ Acct # \_\_\_\_\_

\_\_\_\_\_ Branch # \_\_\_\_\_ Acct# \_\_\_\_\_

Do you have credit cards? \_\_\_\_\_

Number of cars (Incl. co. cars) \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

■ Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate# \_\_\_\_\_

■ Make \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

1. Name of designated occupant: \_\_\_\_\_

2. Will there be any business or profession conducted in 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: \_\_\_\_\_

**I DO HEREBY ACKNOWLEDGE THE NO DOG POLICY AS PER THE RULES AND REGULATIONS OF KNICKERBOCKER PLAZA AND AGREE TO ABIDE BY THAT POLICY AND ATTEST TO THE FACT THAT THERE WILL BE NO DOG KEPT ON THE PREMISES.**



Application for Occupancy

**BACKGROUND/CREDIT CHECK PROCESSING FEE \_\_\_\_\_ (Non-Refundable)**

**SIGNATURE \_\_\_\_\_**

**(Applicant)**

**SIGNATURE \_\_\_\_\_**

**(Co-Applicant)**

KNICKERBOCKER PLAZA, LLC  
1619 Third 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

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

CO-TENANT

\_\_\_\_\_  
FULL NAME (PRINT OR TYPE)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER-I

\_\_\_\_\_  
DATE

PAYMENT

NAME OF CREDIT CARD HOLDER: - - - - - , , , , , - - - - -

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

INDICATE TYPE OF CARD: \_\_\_\_\_

VISA-MASTERCARD-AMERICAN EXPRESS

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**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

Knickerbocker Plaza  
1619 Third 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**

Sworn before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

A. Bank Information

Name, Address	Type of Account	Cash Balance

B. Securities

Description of Security	No. of Shares	Market Value

C. Real Estate

Location of Property	Market Value	Current Amount of Mortgage

D. Pension Funds


