28 SCOTT AVE
BROOKLYN, NY 11237
SUITE #106



P: 347.318.3595

APPS@NOOKLYN.COM

F: 718.313.0533

DEPOSIT AGREEMENT

Monthly Rent: _							
	Monthly Rent:		ve-in Date	e:/	/ Leng	Length of Lease:	
Roommate Match-up?		Pets OK? Utilities?_		Utilities?	Note	s:	
				MOVE-IN	COSTS		
First month's ren	Ψ						
Last month's ren							
Security deposit:							
		# of Applicants: # of Guarantors:					
Broker fee:	\$						
Total move-in co	osts: \$			TDANICAC	TIONS		
Date	Amount Paid	Transact	ion Fee	Payment TRANSACT	Paid by (if online	Payable to	New Balance
		[2.9%]	[Paid?]	Method(s)	include email)	·	
Balance of the	e initial deposit (ed	ual to one	months re	ent) & application fe	ees:	due on:	_/
		The bo	alance c	of all move-in co	osts is due at leas	se signing.	
ffort to ensure you gnature represe rounds for a refu pproval as soon of constitute group ubmitted all requ pplication fees) naintenance. An	our documents are nts a firm commitm and of your deposit as possible. Failure ounds for a refund. Uested paperwork by check. This propy claim you may he	kept with nent to ren By signing to submit All applica and are no perty is rep ave arising	the utmos t this prope below, ye the reque tion fees c ot approve resented i from Noc	t care and will be uerty pending approperty agree to make ested paperwork with and transaction feet for the apartmen "AS IS" condition.	used strictly for purpose oval from the landlord every reasonable effor thin two (2) days will less are NON-REFUNDA ont, Nooklyn.com LLC Nooklyn.com LLC is	ses of approving your mont to submit the ne considered a de BLE regardless of apwill REFUND your into the amount of the	rtant to us. We make every ou for the apartment. Your nind after this point is not accessary paperwork for efault on your part and does approval. If you have tial deposit (minus all any property repair or expression.
pplicant(s) plea	se print your name	(s) clearly.					
pplicant(s) plea		Χ		X		X	

CONTACT INFORMATION

NAME(S)	EMAIL(S)	PHONE(S)				
APPLICANTS						
GUARANTORS						