



50 West 17th Street
New York, NY 10011
Tel: 212 896 8600
Fax: 212 896 8666

APPLICATION FOR RENTAL

STREET ADDRESS: _____

APARTMENT NUMBER: _____

MONTHLY RENT:\$ _____

TERM: _____

PROPOSED RENTAL DATES: _____ TO _____

PROPOSED TENANT(S) NAME(S):1. _____

2. _____

SOCIAL SECURITY#: 1. _____

2. _____

HOME PHONE #: _____

OFFICE PHONE #: _____

CELL PHONE#: _____

ITEMS REQUIRED

1. FOUR REFERENCE LETTERS (2 BUSINESS AND 2 PERSONAL)
2. EMPLOYMENT VERIFICATION LETTER (MUST INCLUDE SALARY/ LENGTH OF EMPLOYMENT).
3. CURRENT BANK STATEMENTS (LAST 2 MONTHS, ALL PAGES)
4. REFERENCE LETTER FROM CURRENT LANDLORD
5. LATEST FEDERAL TAX RETURN AND W-2 FORM
6. \$45.00 (PER PERSON) NON-REFUNDABLE CHECK FOR CREDIT REPORT FEE PAYABLE TO: **THE ARGO CORPORATION.**

CHECKS REQUIRED WITH APPLICATION

1. 1ST. MONTHS RENT
2. SECURITY DEPOSIT EQUAL TO 1 MONTH'S RENT
3. BROKERAGE FEE

ALL CHECKS MUST BE CERTIFIED/BANK CHECKS

Application to Lease Apartment

The Argo Corporation / 50 West 17th Street /7th floor/ NY, NY 10011

This statement and any applicable supporting schedules may be completed jointly by both married and unmarried applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required.

Date _____

Primary Applicant

Name _____ Date of Birth _____

Social Security # _____ Home Phone # _____

Current Home Address _____

Current Landlord's Name & Address _____

Prior Address _____

Prior Landlord's Name & Address _____

Employed by _____

Business Address _____

Position _____ How Long? _____

Annual Salary _____ Business Phone # _____

Business Reference _____

Savings Acct. Bank _____ Account # _____

Checking Acct. Bank _____ Account # _____

Other Accounts _____ Account # _____

_____ Account # _____

_____ Account # _____

Emergency Contact _____

Phone #(s) _____ / _____ Relationship _____

Co-Applicant

Name _____ Date of Birth _____

Social Security # _____ Home Phone # _____

Current Home Address _____

Current Landlord's Name & Address _____

Prior Address _____

Prior Landlord's Name & Address _____

Employed by _____

Position _____ How Long? _____

Annual Salary _____ Business Phone # _____

Business Reference _____

Savings Acct. Bank _____ Account # _____

Checking Acct. Bank _____ Account # _____

Other Accounts - _____ Account # _____

_____ Account # _____

_____ Account # _____

Emergency Contact(s) _____

Phone #(s) _____ / _____ Relationship _____

Referred to this apartment by: _____

Name & Address of Guarantor of Lease, if required: _____

Phone #(s) _____ / _____ Relationship _____

Persons who will occupy the apartment other than the applicants:

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

Name _____ Relationship _____ DOB _____

Do Applicants own any real property? _____ If yes, list address: _____

Lender _____

Balance of Loan _____ Present Market Value _____

Do Applicants own any Stocks or Bonds? _____ If yes, Company Name _____

Stock / Bond # _____ Description _____

Stock / Bond # _____ Description _____

Any other assets? _____ Please describe _____

GROSS MONTHLY INCOME	APPLICANT	CO-APPLICANT
Base Income		
Overtime		
Bonuses		
Commissions		
Dividends / Interest		
Net Rental Income		
Other Income		
Total	\$	\$
Describe Other Income		
Total Combined Yearly Amount		\$

Are there any outstanding judgments against Applicant? _____ Co-Applicant? _____

Has Applicant declared bankruptcy in the last ten years? _____ Co-Applicant? _____

Is Applicant obliged to pay Alimony, Child Support, or Separate Maintenance? _____ Co-Applicant? _____

Credit Release in Compliance with Section 606 of the Fair Credit Reporting Act:

The Undersigned authorize the Owner/Property Manager to retain credit reporting agencies to obtain, prepare and furnish credit reports concerning the Undersigned and to obtain information on our character, general reputation, personal characteristics and mode of living. This authorization automatically expires upon the termination of our tenancy.

Non-Military Representation:

The Undersigned represent that we are not members of any branch of the United States Military, and are not relying on the income of any member of the United States Military for financial support.

APPLICANT

DATE

CO-APPLICANT

DATE

FOR OFFICE USE ONLY

Building _____ Apt. # _____ # of Rooms _____

Term of Lease (in years) _____ To Commence _____ To Expire _____

Annual Rental \$ _____ Monthly Rental \$ _____ Security Deposit \$ _____

Decorations, Repairs, etc. _____

Other Clauses _____



Agro Corporation
50 West 17th Street, 7th Fl
New York, N.Y. 10011

CREDIT REPORT AUTHORIZATION

The Argo Corporation

I/We hereby authorize The Argo Corporation and/or its agents to obtain credit reports (either directly or through a credit reporting agency), Housing Court Records, Criminal Background Checks and whatever else The Argo Corporation and/or its agents deem necessary in connection with my application for an apartment and from time to time in the event I/We are in default or otherwise. I/We further consent and authorize The Argo Corporation 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. I/We agree to hold The Argo Corporation and its agents and affiliates harmless from and against any claims that may arise as a result of any investigation conducted pursuant hereto.

Applicant's name (print)

Applicant's signature

Social Security #

Current Address

Telephone Number

Co-applicant's name (print)

Co-applicant's signature

Social Security #

Current Address

Telephone Number

Guarantor's name (print)

Guarantor's signature

Social Security #

Current Address

Telephone Number