

**TRANS WORLD EQUITIES ASSOCIATES, LLC**

**122 EAST 42<sup>ND</sup> STREET, SUITE 4705**

**NEW YORK, NY 10168**

**TEL. 212-686-6900**

**FAX 212-686-9494**

Dear Applicant,

Thank you for your interest in our apartment. Enclosed please find an application package.

A complete application package will contain the following documents:

1. Credit Report Release Form.
2. Clear/Readable copy of a valid Government Issued Photo Identification from all applicants.
3. Lease Application, completed by lessee(s) (attached).
4. One (1) employer reference letter verifying place and length of employment, position and salary.

The following must be submitted with your application package:-

- ✓ Credit Check Fee: **Non-refundable** fee of **\$50.00 per lessee, guarantor and adult resident** (e.g., spouse, partner, adult child or other relative of lessee) and made payable to Trans World Equities Associates. LLC.

Should you have any questions, please feel free to contact our office.

**TRANS WORLD EQUITIES ASSOCIATES, LLC**

**122 EAST 42<sup>ND</sup> STREET, SUITE 4705**

**NEW YORK, NY 10168**

**TEL. 212-686-6900**

**FAX 212-686-9494**

**CREDIT REPORT, EMPLOYMENT/INCOME VERIFICATION & TENANT  
HISTORY RELEASE**

I hereby authorize Trans World Equities Associates, LLC to obtain consumer reports including but not limited to credit, housing court, social search, sex offender search, criminal background check and whatever else necessary to process my application, and in the future should I default on my lease/by law obligations. This release can also include all relevant information such as present balances on my current accounts, income/salary information, past and present employment history and past history as a tenant. I also understand that this notice will also apply to future update reports that may be requested. Copies of this release will have full force thereof as though it were original.

I will hold harmless and/or release Trans World Equities Associates, LLC from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stand information. I understand that the fee for running a consumer credit report is \$ 50.00 per person/applicant. I recognize that the fee is non-

refundable, and is given to Trans World Equities Associates LLC for running the consumer credit and /or above-named report(s), and may be used for that purpose.

PLEASE PRINT THE FOLLOWING:

**Please provide the Address and Apt # you are applying for below:**

\_\_\_\_\_

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

CURRENT Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address (if w/ in last 2 years): \_\_\_\_\_

Previous Address (if w/ in last 2 years): \_\_\_\_\_

*I hereby acknowledge that I have read the terms above, and that the information I have provided is accurate and complete.*

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

122 EAST 42<sup>ND</sup> STREET, SUITE 4705 NEW YORK, NY 10168

TEL: 212-686-6900 FAX: 212-686-9494

**TRANS WORLD EQUITIES ASSOCIATES, LLC**

**122 EAST 42<sup>ND</sup> STREET, SUITE 4705**

**NEW YORK, NY 10168**

LEASE APPLICATION

APPLICANT: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

PRESENT RESIDENCE: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_ STATE: \_\_\_\_\_

YEARS AT THIS ADDRESS \_\_\_\_ MONTHLY RENT/CARRYING COSTS: \_\_\_\_

DO YOU OWN YOUR PRESENT RESIDENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

CURRENT LANDLORD MANAGEMENT CO. NAME: \_\_\_\_\_

LANDLORD BUSINESS ADDRESS: \_\_\_\_\_

LANDLORD CONTACT #: \_\_\_\_\_

LANDLORD CONTACT NAME: \_\_\_\_\_

**APPLICANT**

EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ ANNUAL SALARY: \_\_\_\_\_

POSITION: \_\_\_\_\_ EMPLOYER CONTACT NAME: \_\_\_\_\_

EMPLOYER CONTACT #: \_\_\_\_\_

DO YOU INTEND TO USE THE PREMISES IN ANY WAY FOR BUSINESS PURPOSES?

IF SO, EXPLAIN: \_\_\_\_\_

DO YOU INTEND TO HARBOR ANY ANIMALS IN THE PREMISES? \_\_\_\_\_

IF SO, EXPLAIN: \_\_\_\_\_

NAME OF ALL PERSONS, RELATIONSHIP AND AGE OF EACH PERSON RESIDING IN APARTMENT

\_\_\_\_\_

ARE THERE ANY OUTSTANDING JUDGEMENTS AGAINST YOU? IF SO, EXPLAIN.

\_\_\_\_\_

DO YOU HAVE ANY DIPLOMATIC IMMUNITY OR ANY OTHER SOCIAL STATUS?

\_\_\_\_\_

HAVE YOU DECLARED BANKRUPTCY OR ARE YOU INVOLVED IN A BANKRUPTCY PROCEDURE? IF YES, PLEASE EXPLAIN.

\_\_\_\_\_

# TRANS WORLD EQUITIES ASSOCIATES, LLC

122 EAST 42<sup>ND</sup> STREET, SUITE 4705

NEW YORK, NY 10168

TEL. 212-686-6900

FAX 212-686-9494

## CREDIT REPORT, EMPLOYMENT/INCOME VERIFICATION & TENANT HISTORY RELEASE

I hereby authorize Trans World Equities Associates, LLC to obtain consumer reports including but not limited to credit, housing court, social search, sex offender search, criminal background check and whatever else necessary to process my application, and in the future should I default on my lease/by-law obligations. This release can also include all relevant information such as present balances on my current accounts, income/salary information, past and present employment history and past history as a tenant. I also understand that this notice will also apply to future update reports that may be requested. Copies of this release will have full force thereof as though it were original.

I will hold harmless and/or release Trans World Equities Associates, LLC from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stated information. I understand that the fee for running a consumer credit report is \$50.00 per person/applicant. I recognize that the fee is non-refundable, and is given to Trans World Equities Associates, LLC for running the consumer credit and/or above-named report(s), and may be used for that purpose.

### PLEASE PRINT THE FOLLOWING:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

CURRENT Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address (if w/in last 2 years): \_\_\_\_\_

Previous Address (if w/in last 2 years): \_\_\_\_\_

*I hereby acknowledge that I have read the terms above, and that the information I have provided is accurate and complete.*

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