

SOORI HIGH LINE

Lease Application

Dear Prospective Resident:

Thank you for your interest in Soori High Line!

Enclosed is your Lease Application. Please complete and forward the application, along with the required documents, to NMC Property Management for processing.

It is important that you urge your references to submit their letters of reference to you as soon as possible, since your application cannot be processed until they are received.

If you have any questions regarding your application, please contact NMC Property Management at nancy@nmcmanagement.com or 914-365-2350.

Again, thank you for your interest in Soori High Line! We look forward to hearing from you.

Sincerely,

NMC PROPERTY MANAGEMENT



SOORI HIGH LINE

Important Information and Required Documents

The following is a list of the items you are required to submit for the board to review your application. Please be sure to provide all the information requested.

Complete the following enclosed forms and return

- ___ 1. Applicant Information for Lease- This form must be filled out in its entirety in order for your application to be considered for review. All applicants and guarantors are required to complete Part 1.
- ___ 2. Fees Acknowledgement Form- must be signed by all applicants and guarantors
- ___ 3. Financial Information- This form must be filled out in its entirety in order for your application to be considered for review. Please make sure your totals match your supporting documents exactly. All applicants and guarantors are required to complete Part 2.
- ___ 4. Consumer Report Authorization- must include social security number, birthdate and a US residence (no PO Boxes). Every adult (over 18 years of age) occupant of the apartment must submit a consumer report authorization.
- ___ 5. Window Guard Rider Form- with complete address and correct boxes checked.
Each applicant will be required to contribute the following documents:
- ___ 6. Emergency Contact List for Unit Owner/Occupant

Provide the following additional documents (Documents will not be returned)

- ___ 1. Lease Agreement with Riders- must be REBNY or Blumberg approved form
Each applicant will be required to contribute the following documents:
- ___ 2. Federal Tax Returns (most recent year)- including your signature and all schedules. After April 15th, you must include the most recent year's taxes OR a copy of your extension filing and the most recent year's tax returns.
- ___ 3. Employment Verification Letter (stating annual salary, position held, length of employment). If you are self-employed, please submit a letter from your CPA or accountant stating your income.
- ___ 4. One (1) Professional Reference Letter- from business associates, co-workers or other people who know applicant in a professional capacity.
- ___ 5. One (1) Personal Reference Letter
- ___ 6. Proof of renters' insurance

Additional Information

- Minimum lease terms are 1 year
- Smoking is **NOT** permitted

SOORI HIGH LINE

Lease Fees

The following is information about the board application process and a schedule of fees. Please review this information before completing your application.

Schedule of Fees - Due at submission

Payable by Applicant

1. \$800.00 Application Processing Fee (non-refundable) payable to NMC Property Management. Includes consumer report fee. All applicants, guarantors, and adult occupants must have a consumer report.
2. \$800.00 Move-In fee (non-refundable) payable to the Soori High Line.
3. \$800 Move-Out Fee (non-refundable) payable to the Soori High Line.
4. \$1,000.00 refundable move-in deposit payable to the Soori High Line.

Fees Acknowledgement

I (we) hereby acknowledge that all fees paid pursuant to this lease application are non-refundable, unless otherwise noted, and hereby authorize you or your agents to obtain a credit report and related information and contact any references or employers listed herein.

Applicant Signature

Co-Applicant Signature

Part 1 - Applicant Information for Lease

Today's Date: _____ Requested Move-in Date _____

Building Address: _____ Apt #: _____

Length of Lease: _____ Monthly Rent: _____

Security: _____ Special Condition (if any) _____

Managing Agent: NMC Management Phone: 914-365-2350
Agent Address: 629 Fifth Ave, Suite 216, Pelham, NY 10803 Contact Person: Nancy Candelario

Unit Owner(s)

Name(s): _____ SS#: _____

SS#: _____

Current address: _____ Phone: _____ Email: _____

Mailing address if lease approved (if different): _____

Reason for sublease: _____

Owner's mortgage lender: _____

Lessor's Broker: _____ Phone: _____ Fax: _____

Email: _____

Applicant(s)

Applicant: _____ SS# _____

Office phone: _____ Home phone: _____ Mobile phone: _____

Co- Applicant: _____ SS# _____

Office phone: _____ Home phone: _____ Mobile phone: _____

Housing History

Current landlord: _____ Phone: _____

Landlord address: _____ Dates of occupancy: _____

Amount of rent: _____ Reason for moving: _____

Prior Current landlord: _____ Phone: _____

Landlord address: _____ Dates of occupancy: _____

Amount of rent: _____ Reason for moving: _____

Applicant Information for Lease

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Applicant(s) Personal Information

Will occupancy be: Full-time Part-time

	Applicant	Co-Applicant
Name:		
Complete current address:		
Dates of residence:	From: To:	From: To:
U.S. Citizenship: (circle one)	Yes No	Yes No
Employment Status: (circle one)	FT PT Unemployed Retired Student	FT PT Unemployed Retired Student
Nature of Business:		
Current Employer:		
Employers Address:		
Are you self-employed:	Yes No	Yes No
Dates of Employment:		
Years in this line of work:		
Title or Position:		
Supervisors Name:		
Business phone:		
Prior Employer:		
Prior title or position:		
Prior employers address:		
Dates of employment:		
Prior employer phone:		
Estimated income this year:		
Actual income last year:		
Educational background:		
Schools attended:		
Years of school:		

List the names of all proposed occupants of the apartment and their relationship to applicant(s). Be sure to include yourself as a proposed occupant:

List the name of anyone in the building known to the applicant(s):

Are any pets to be maintained in the apartment? Yes No If yes, indicate number and kind: _____

List any club, society, fraternity or board memberships which applicant(s) believe would be beneficial to the building: _____

Has the applicant(s) and/or any occupant(s) ever been convicted of a felony? Yes No If yes, please explain: _____

Part 2 - Financial Information

Applicant: _____ Co-Applicant: _____

Address: _____

Monthly Income & Housing Expenses

Income	Applicant	Co-Applicant	Expenses	Applicant (present)	Co-Applicant (present)	Total (after closing)
Base Monthly Salary						
Overtime (monthly)			Rent			
Bonuses (monthly)			Maintenance			
Commissions (monthly)			Mortgages/Loan			
Dividends/interest			Hazard insurance			
Net rental income			Real estate taxes			
Other income			Other expenses			
Total			Total			

Assets & Liabilities

Assets	Applicant	Co-Applicant	Liabilities	Applicant	Co-Applicant
Cash (Schedule A)			Notes payable to banks		
Contract deposit			Notes payable to relatives		
Stocks and bonds (Schedule B)			Notes payable to others		
Investment in business			Install accounts payable		
Accounts receivable			Automobile		
Real estate (Schedule C)			Other accounts payable		
Automobiles			Mortgages payable		
Personal property			Unpaid real estate taxes		
Life insurance			Unpaid income taxes		
Retirement funds/IRA			Chattel mortgages		
401K			Loans on life insurance		
KEOGH			Credit card debt		
Profit sharing/pension			Other debts		
Other assets (Schedule D)					
TOTAL					

Itemized Schedule of Assets & Liabilities

Schedule A - Cash (attach additional pages if necessary)

Applicant or Co-Applicant	Financial institution	Type of Account	Account Balance

Financial Information for Lease

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Itemized Schedule of Assets & Liabilities (continued)

Schedule B - Investments (attach additional pages if necessary)

Amount of shares	Description	Marketable value	Non-marketable value

Schedule C - Real Estate (attach additional pages if necessary)

Applicant or Co-Applicant	Property address	Type of property	Market value	Amount of mortgage/liens	Mortgage payment	Insurance main, tax & miscellaneous

Schedule D - Other Assets (attach additional pages if necessary)

Explanation: _____

IF YOU ARE A PRINCIPAL OF OR ARE EMPLOYED BY FAMILY BUSINESS, PLEASE COMPLETE THIS SECTION

	Applicant	Co-Applicant
Dividend or partnership income (present year)		
Dividend or partnership income (prior year)		
Dividend or partnership income (second prior year)		

Declarations

	Applicant	Co-Applicant
Are there any outstanding judgments against you?		
Have you been declared bankrupt in the past 7 years?		
Have you had a property foreclosed upon or given title or deed in lieu thereof in the past 7 years?		
Are you a party to a lawsuit?		
Have you directly or indirectly been obligated on any loan that resulted in foreclosure, transfer or title in lieu of foreclosure or judgment?		
Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond or loan guarantee?		
Are you obligated to pay alimony, child support, or separate maintenance?		
Is any part of the down payment borrowed?		
Are you a co-maker or endorser on a note?		
Do you intend to occupy the property as your primary residence?		
Have you had ownership interest in a property in the last 3 years? If yes, what type of property did you own?		
How did you hold title to the property?		

The foregoing application has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all information contained herein is true and correct. The information is submitted as being a true and accurate statement of the financial condition of the undersigned on the _____ day of _____, 20_____.

Applicant Signature

Co-Applicant Signature



NMC Management

CREDIT CHECK AUTHORIZATION FORM

In order to comply with provisions of Section 6.06 (a) of the Federal Fair Credit Reporting Act, I authorize you to retain a credit reporting agency, which agency may obtain, prepare, furnish, and use credit reports concerning me, and may obtain, furnish, and use information on my character and general reputation, as well as information regarding employment, credit and current financial position.

APPLICANT'S INFORMATION:

NAME: _____ D/O/B: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

SIGNATURE: _____ DATE: _____

CO-APPLICANT'S INFORMATION:

NAME: _____ D/O/B: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

SIGNATURE: _____ DATE: _____

Soori High Line
522 West 29th St.
New York, NY 10001

UNIT OWNER/ RESIDENT
EMERGENCY CONTACT FORM

DATE: _____ BLDG. # _____ APARTMENT#: _____

UNIT OWNER/RESIDENT #1

Name: _____ Email address: _____
Home #: _____ Work # _____
Alternate #: _____ Fax # _____

UNIT OWNER/RESIDENT #2

Name: _____ Email address: _____
Home #: _____ Work # _____
Alternate #: _____ Fax #: _____

EMERGENCY CONTACT:

Please provide the names of individuals to be contacted in the event of an emergency:

Name/Relationship: _____ Name/Relationship: _____
Address: _____ Address: _____
Daytime/Mobile #: _____ Daytime/Mobile #: _____

IN CASE OF EMERGENCY, DOES THE SUPERINTENDENT OR ANOTHER RESIDENT HAVE KEYS TO YOUR APARTMENT:

FRONT DESK: YES _____ NO _____

RESIDENT./NEIGHBOR: YES _____ NO _____

If "yes" to resident, kindly provide the name and apartment # of such resident:

Name: _____ Apartment #: _____

IF NO ONE HAS KEYS TO YOUR APARTMENT, YOU WILL BE HELD PERSONALLY RESPONSIBLE FOR DAMAGES IN THE EVENT EMERGENCY ACCESS TO YOUR APARTMENT IS NECESSARY.

Soori High Line
522 West 29th St.
New York, NY 10001
GUEST AUTHORIZATION
AND KEY RELEASE FORM

UNIT OWNER INFORMATION:

Name: _____

Apartment Number: _____

Contact Number: _____

Work Number:

Emergency Contact Name: _____

Emergency Contact Number: _____

GUEST INFORMATION: _____

Guest's Name:

Commencement Date: _____

End Date: _____

Contact Number: _____

Work Number:

PERMISSION TO ENTER: (Dogwalkers/Babysitters/Housekeepers,Etc)

Authorization is hereby given to enter my apartment for the purpose of permitting:

Name of Person(s): _____ Name of Company: _____

KEY RELEASE INFORMATION

I authorize Soori High Line, 522 West 29th St., New York, NY 10001, to release the keys to my unit to:

_____ for the period of _____

Guests agree to abide by all Condominium policies, regulations and house rules.

The unit owner is responsible for common charges. Guests are not permitted to have pets in the apartment.

Unit Owner Signature

Date

Guest's Signature

Date