



LEASE APPLICATION DOCUMENTS TO BE PROVIDED TO LANDLORD 300 EAST 64TH STREET -NEW YORK, NY 10065

REQUIRED LEASE APPLICATION DOCUMENTS:

- 1) COMPLETED "APPLICATION / TENANT DATA VERIFICATION FORM", "PAYMENT FORM" & "RELEASE FORM"
- 2) EMPLOYMENT LETTER (Salary, Position, Length of Employment) OR ACCOUNTANT LETTER IF SELF EMPLOYED
- 3) LANDLORD REFERENCE LETTER OR PROOF OF HOME OWNERSHIP
- 4) COPY OF MOST RECENT BANK STATEMENT(S) AND LAST FILED FEDERAL TAX RETURN
- 5) ONE FORM OF PHOTO ID (Accepted forms include State Driver's License, Passport, Government Issued Visa or Work Permit)
- 6) SIGNED "CONFIRMATION OF LEASE TERMS FORM"

THE ABOVE DOCUMENTS WILL BE PROMPTLY REVIEWED AND A LEASING REPRESENTATIVE FROM CLASSIC MARKETING WILL CONTACT YOU TO ARRANGE THE LEASE SIGNING DATE AND TO CONFIRM YOUR TENTATIVE MOVE IN DATE.

INSURANCE INFORMATION:

PRIOR TO YOUR MOVE TO 300 EAST 64TH STREET, YOUR MOVING COMPANY WILL NEED TO PROVIDE A CERTIFICATE OF INSURANCE. ALL MOVING AND/OR DELIVERY COMPANIES WILL BE REQUIRED TO SUPPLY A CERTIFICATE OF INSURANCE IN ADVANCE.

THE CERTIFICATE OF INSURANCE MUST INCLUDE THE FOLLOWING:

1. CERTIFICATE HOLDER:
Classic Realty LLC
400 Park Avenue – 6th Fl.
New York, NY 10022
2. ADDITIONAL INSURED NAMES ON CERTIFICATE:
300 East 64th Street Partners LLC
Jordan Cooper & Associates Inc.
Classic Realty LLC

PLEASE ARRANGE TO HAVE THE CERTIFICATE OF INSURANCE FAXED TO:

Classic Marketing Leasing Office
Fax #: 212-588-0034
Attention: Gina Silas

LEASE SIGNING LOCATION:

Your Lease Signing will take place at:

Classic Realty LLC
400 Park Avenue – 6th Fl. (between 54th & 55th Street)
New York, NY 10022
Attn: Lynne DiCapua
Tel: (212) 223-1700 ext. 307
Fax: (212) 223-3867
Email: Ldicapua@classicnyapts.com



APPLICATION/TENANT DATA VERIFICATION FORM
CLASSIC MARKETING LLC – TEL: (212) 588-0064 FAX: (212) 588-0034

BUILDING ADDRESS: **300 EAST 64TH STREET, NEW YORK, NY 10065**

APARTMENT #: _____

NAME OF APPLICANT: _____

SOCIAL SECURITY#: _____

PRESENT ADDRESS: _____

DAYTIME TEL#: (____) _____

CITY, STATE, ZIP: _____

CELL PHONE #: (____) _____

EMAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____

LEASE BEGIN ____/____/____ **LEASE END** ____/____/____ **MONTHLY RENT: \$** _____

IF YOU CURRENTLY RENT, PLEASE COMPLETE THIS SECTION:

HOW LONG AT ABOVE ADDRESS: _____ YEARS _____ MONTHS

PRESENT LANDLORD: _____

LANDLORD TEL #: (____) _____

LANDLORD'S ADDRESS: _____

LEASE EXPIRES: ____/____/____

PLEASE LIST YOUR PREVIOUS ADDRESS, IF YOU LIVED LESS THAN 2 YEARS AT YOUR PRESENT ADDRESS:

PREVIOUS ADDRESS: _____

LANDLORD TEL #: (____) _____

PREVIOUS LANDLORD: _____

DATE VACATED: ____/____/____

APPLICANT'S EMPLOYER: _____

POSITION/TITLE: _____

EMPLOYER'S ADDRESS: _____

TELEPHONE #: (____) _____

HOW LONG: _____ YEARS _____ MONTHS

CONTACT PERSON: _____

ANNUAL COMPENSATION: _____

CONTACT TEL# _____

PLEASE LIST YOUR PREVIOUS EMPLOYER, IF YOU HAVE BEEN EMPLOYED LESS THAN 2 YEARS AT THE ABOVE EMPLOYER:

PREVIOUS EMPLOYER: _____

POSITION/TITLE: _____

EMPLOYER'S ADDRESS: _____

TELEPHONE #: (____) _____

HOW LONG: _____ YEARS DATE LEFT: ____/____/____

CONTACT PERSON: _____

ANNUAL COMPENSATION: _____

CONTACT TEL# _____

OTHER SOURCES OF INCOME: _____

CONTACT PERSON: _____ CONTACT TEL# _____

BANK REFERENCES:

NAME OF BANK: _____ TYPE OF ACCT. _____ ACCT # _____

_____ TYPE OF ACCT. _____ ACCT # _____

_____ TYPE OF ACCT. _____ ACCT # _____

ACCOUNTANT'S FIRM NAME: _____

CONTACT PERSON: _____

FIRM ADDRESS: _____

CONTACT TEL #: (____) _____

NAME OF PERSON NOT ON LEASE TO OCCUPY APARTMENT:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE OF EMERGENCY NOTIFY: _____ TELEPHONE#: (____) _____

ADDRESS: _____

In connection with my application for this apartment, I authorize all banks, corporations, credit agencies, accountants, persons and employers to release any information that they have shown me to Tenant Data Verification Co. Inc., or its agency and I release them from any and all liability or responsibility from doing so. Further I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand this notice will also apply to future update reports that may be requested. I understand that any misrepresentation by me may be the cause of rejection by the landlord.

APPLICANT'S SIGNATURE: _____

DATE: ____/____/____

CLASSIC MARKETING LEASING REPRESENTATIVE: _____

DATE: ____/____/____



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 or 23

PAYMENT FORM

I hereby authorize Tenant Data Verification Co. Inc. ("T.D.V."), to charge my credit card for the purpose of obtaining my credit background. I (we) release T.D.V. from any and all liability from doing so.

Address: 300 EAST 64TH STREET, NEW YORK, NY 10065

Apartment: _____

PAYMENT:

_____ \$55 per applicant (credit fee is non-refundable)

NAME OF CREDIT CARD HOLDER

BILLING ADDRESS OF CARD HOLDER

City

State

Zip

SIGNATURE OF CARD HOLDER

CREDIT CARD NUMBER

EXPIRATION DATE

_____ MM /YYYY

3 or 4 DIGIT SECURITY CODE: _____ *(Unable to process without this code)*

INDICATE TYPE OF CARD

_____ VISA – MASTERCARD – AMERICAN EXPRESS--DISCOVERY



TENANT DATA VERIFICATION CO. INC.

AUTHORIZATION TO OBTAIN A CREDIT REPORT

RELEASE FORM

IN ORDER TO COMPLY WITH THE 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 INFORMATION REGARDING EMPLOYMENT, INCOME, CREDIT HISTORY, ACCOUNTANTS, BANKING INFORMATION, FINANCIAL BROKER, AND LANDLORD.

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Date: _____



CONFIRMATION OF LEASE TERMS FORM

Building Address: 300 EAST 64TH STREET, NEW YORK, NEW YORK 10065-7599

Apt. #: _____ # Beds: _____ # Baths: _____

Tenant Name(s): _____

Other Occupant Name(s) & Relationship:

Monthly Rent: \$_____ Lease Start: _____ Lease End: _____

Pets* (specify type & size) _____

Does Applicant Maintain Diplomatic Immunity? Yes / No (please circle one)

Special Lease Terms: _____

Tenant's Broker: _____

Move-in Date Requested: _____

Lease Signing Reminder:

1. Please bring one (1) form of photo ID
2. Please bring two (2) separate certified and/or bank checks or money orders for:
 - First month's rent in the amount of \$_____
 - Tenant security deposit in the amount of \$_____

*All checks must be made payable to: **300 East 64th Street Partners LLC***

Signature of Applicant(s):

_____	Date: _____
_____	Date: _____
_____	Date: _____

Classic Marketing Leasing Representative Signature

Date

**Subject to Landlord Approval*