



APPLICATION FOR RENTAL

NOTICE: All adult applicants (18 years or older) must complete a separate application for rental.

Avalon Bowery Place
11 East First Street
New York, NY 10003
Tel: (212) 387-7720
Fax: 212-387-0120

APARTMENT:	RENT:	SECURITY DEPOSIT:	AGENT:
START DATE:	LEASE LENGTH:	BROKER:	BROKER PHONE:

APPLICANT INFORMATION

FIRST NAME	M.I.	LAST NAME	SUFFIX	SSN
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL	

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
LANDLORD/MANAGING AGENT NAME		LANDLORD/MA PHONE ()	
MONTHLY RENT	DATE IN	DATE OUT	REASON FOR LEAVING

PREVIOUS ADDRESS (if less than 2 years at current)

STREET ADDRESS	CITY	STATE	ZIP
LANDLORD/MANAGING AGENT NAME		LANDLORD/MA PHONE ()	
MONTHLY RENT	DATE IN	DATE OUT	REASON FOR LEAVING

BANK INFORMATION

CHECKING ACCOUNT BANK NAME	ACCOUNT NUMBER	PHONE NUMBER ()
SAVINGS ACCOUNT BANK NAME	ACCOUNT NUMBER	PHONE NUMBER ()
OTHER ACCOUNT BANK NAME	ACCOUNT NUMBER	PHONE NUMBER ()

EMPLOYMENT & INCOME INFORMATION

OCCUPATION - PRESENT	EMPLOYER/COMPANY	SUPERVISOR NAME	SUPERVISOR PHONE ()	ANNUAL SALARY	START DATE
OCCUPATION - <input type="checkbox"/> ADD'L <input type="checkbox"/> PREVIOUS	EMPLOYER/COMPANY	SUPERVISOR NAME	SUPERVISOR PHONE ()	ANNUAL SALARY	START DATE
OTHER INCOME DESCRIPTION				ANNUAL INCOME	

BUSINESS/CPA REFERENCES (if self-employed)

NAME	ADDRESS	PHONE ()	RELATIONSHIP
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EMERGENCY CONTACT

NAME	ADDRESS	PHONE ()	RELATIONSHIP
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PETS

PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE	WEIGHT	AGE	DESCRIBE
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I warrant that all statements above set forth are true. I further represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed. I hereby give my permission to conduct inquiries concerning my income, credit history, residence, banking relationships, character and reputation for the purpose of verifying information, provided by me, on any apartment rental/purchase application. If this application is approved, I further authorize Owner or its agent(s) to conduct further credit inquiries. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, OFAC search, and landlord/tenant court record search will be done in conjunction with my application. I hereby hold On-Site Manager, Inc., Rose Associates, Inc., CVP II, LLC, and its agents free and harmless of any liability for providing written or verbal information and/or discussing the quality of my tenancy with current and former landlords property managers, supervisors, or employers. No representations or agreements by Salespersons, Brokers or others are to be binding on Rose Associates, Inc., and/or any party connected with its business organization unless included in the written lease proposed to be executed. By submitting this application, I represent that Owner makes no guarantee regarding the status of this application or the availability of any apartment. If a lease is approved and executed, this completed application form becomes a part of that certain lease.

(Applicant) Date

BILLING INFORMATION FOR APPLICATION FEE

CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS		
NAME ON CARD	CARD NUMBER	EXPIRATION DATE /

I authorize ON-SITE MANAGER, INC to charge \$65.00 per applicant to the above credit card. I agree to pay this charge according to the terms of my Cardholder Agreement. This fee is non-refundable and exclusive of any other fee. This payment does not bind the referring Owner or Landlord to any obligation to rent, and the reports furnished are the sole property of Owner or Landlord and On-Site Manager, Inc. (866 2 ON SITE).

(Card Holder) Date





AUTHORIZATION TO RELEASE RECORDS

FAX TO: 877 FAX ON-SITE (877-329-6674)

I authorize the below parties to verify any and all requested information and to provide written support as necessary to On-Site.com.

(PRINT Applicant Name)

(Applicant Signature)

Date

Please ensure that the below information is completed IN FULL. Inform your references that On-Site.com will be contacting them, and indicate the importance of a prompt response.

1. LANDLORD

(Address)

(Contact)

(Phone)

(Fax)

2. BANK

(Company)

(Contact)

(Phone)

(Fax)

3. EMPLOYER / ACCOUNTANT

(Company)

(Contact)

(Phone)

(Fax)

If your employer uses an automated service to verify records (such as "The Work Number"), you must obtain this documentation yourself and fax it to On-Site.com 877-FAX-ON-SITE (877-329-6674)