

# TRIUMPH PROPERTY GROUP LTD.

12 West 23rd Street, 4th Floor • New York, NY 10010

Phone (212) 448-9400

Fax (212) 448-1090

Building		Apartment #	Rooms	Monthly Rent \$	Security \$
Lease Start Date	Lease Term	Landlord	Broker	Agent	

## UNIFORM RESIDENTIAL APPLICATION

This application is designed to be completed by one applicant only. In the spirit of U.S. Policy for the achievement of equal housing opportunity, there are no barriers to obtaining housing because of race, color, sex, sexual orientation, national origin, handicap, or familial status. Approval is based on an applicants ability to prove employment, income, residency, credit and financial history as described in detail below. All information supplied will be verified for it's accuracy. All sections must be complete before submitting for approval.

• THIS APPLICATION MUST BE PRINTED AND LEGIBLE •

ABOUT THE APPLICANT					
Write your name as it appears on your credit files					
First Name	Middle	Last Name		Jr, Sr, II, III	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Social Security Number	Date of Birth	Phone #		Email Address	
IN CASE OF EMERGENCY, NOTIFY			Phone #	Relationship to you	

CURRENT RESIDENCY					
You may be required to produce a signed lease and/or cancelled rent checks					
Address	Apt#	City		State	Zip
Name of Landlord, Management Company or Tenant of record			Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input type="checkbox"/> Check one    Own <input type="checkbox"/> <input type="checkbox"/> Rent			

PRIOR RESIDENCY					
Must be filled in if you lived at the Current Address for less than 2 years					
Address	Apt#	City		State	Zip
Name of Landlord, Management Company or Tenant of Record			Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input type="checkbox"/> Check one    Own <input type="checkbox"/> <input type="checkbox"/> Rent			

CURRENT EMPLOYMENT					
Primary Source of income					
You may be required to produce 1- Employer Verification letter signed & dated on your company letterhead 2- Paystubs 3- 10-40, W-2, 10-99 4- Other Income Taxpayer Identification.					
Name of Employer	Address of Employer		City	State	Zip
Contact Name	Contact Phone #	How long on this Job?	Dates (From-To)		
Your Position/Title/Type of Business	How long in this line of work/profession?	<input type="checkbox"/> Check If: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/>			

ANNUAL INCOME					
In Detail					
Base Income	Overtime	Bonuses	Commissions	TOTAL	
If Self Employed, Independent Contractor or use overtime, bonus or commission income to qualify 1- Fluctuating income may be averaged 2- you may be required to produce 2 years Income Tax Documentation. 3- You are required to supply information about the Accountant that prepared your most recent income tax return.					
Accountant Name	Phone #		Address		

If Current Employment is Less Than 2 Years, You Must include your Previous Employment Information

<b>EMPLOYMENT 2</b>		<input type="checkbox"/> Check one	<input type="checkbox"/> Second Income Source Used to Qualify	<input type="checkbox"/> Prior Employment
Name of Employer	Address of Employer		City	State Zip
Contact Name	Contact Phone #	How long on this Job?	Dates (From-To)	
Your Position/Title/type of business		How long in this line of work/profession?	<input type="checkbox"/> Check If: <input type="checkbox"/> Self Employed <input type="checkbox"/> Independent Contractor	

<b>ANNUAL INCOME</b> In Detail				
Base Income	Overtime	Bonuses	Commissions	TOTAL

**ASSET ACCOUNTS** You may be required to produce Monthly Account Statements

Check:  Checking  Savings  Money Market  Stock Investment  Other \_\_\_\_\_  
 Individual Account  Joint Account (Supply Spouse Name & SS#)  
 Corporate Account (Supply Tax ID #)

Is This a Borrowing Account?  NO  Yes

Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly As they Appear on This Account	Branch Phone #	Contact Name

Check:  Checking  Savings  Money Market  Stock Investment  Other \_\_\_\_\_  
 Individual Account  Joint Account (Supply Spouse Name & SS#)  
 Corporate Account (Supply Tax ID #)

Is This a Borrowing Account?  NO  Yes

Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly As they Appear on This Account	Branch Phone #	Contact Name

**References** Other Than Family Members

Name	Phone #	Relationship to you
Name	Phone #	Relationship to you

**Department of Motor Vehicles Identification Must be Completed if Registered Motorist**

Motorist License ID #	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model
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**Will you be living with pets? Describe in detail; Type of pet, Breed, Weight. ( extra security may apply)**

NO  Yes

Details.

How many pets?

**NEW YORK CITY TENANT FAIR CHANCE ACT**

Pursuant to Federal and State Law:

- 1) If your application is denied or other adverse action is taken against you due to a screening report the landlord uses, the landlord must tell you so and how to contact the screening company to obtain a free copy of the report.
- 2) You may dispute inaccurate or incorrect information on the report directly with the screening company. Our screening company is: CoreLogic SafeRent, Consumer Relations, 7300 Westmore Road Suite 3 Rockville, MD 20850-5223, Phone 800.999.0350 \* www.FADVSafeRent.com
- 3) Annually, you may order a free screening report annually from www.annualcreditreport.com (in addition to a free report from each national consumer reporting agency if adverse action was taken against you).

**AUTHORIZATION TO RELEASE INFORMATION:** I the applicant, give full authorization for an investigative report whereby third parties may be contacted to report on my character, general reputation, Personal characteristics, mode of living, salary-income, consumer credit and have the right a written request for disclosure of the nature, results and scope of this investigation. I may banking-financial practices. Ito make not however receive or view my consumer credit file. I agree to hold N2KReporting harmless for any claims that may arise as a result of this investigation. I authorize Banks, Financial Institutions, Landlords, Business Associates, Credit Bureaus, Attorneys, Accountants persons or institutions with whom I am acquainted to furnish any and all information regarding me. This authorization also applies to any and other update reports which may be ordered in connection with this application and or to collect any debts owed at any time. I am willing that a photocopy or fax of this authorization be accepted with the same authority as this original.

My Printed Name \_\_\_\_\_ My Signature \_\_\_\_\_ Date of my Authorization \_\_\_\_\_