

STATE RENAISSANCE COURT

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MARKET RATE APPLICATION

THERE IS A **\$60.00 CREDIT CHECK FEE**, PER APPLICATION, PAYABLE TO "IBEC BUILDING CORPORATION". PLEASE SUBMIT THIS PAYMENT WITH YOUR APPLICATION.

MAIL COMPLETED APPLICATION TO:

STATE RENAISSANCE COURT
C/O IBEC BUILDING CORPORATION
55 BROAD STREET, 16th FLOOR
NEW YORK, NY 10004-2501
TEL (212) 747-0227
FAX (212) 747-0215

PLEASE NOTE: IF YOUR APPLICATION IS ACCEPTED AND YOU SUBMIT A SECURITY DEPOSIT FOR THIS OR ANY OTHER APARTMENT, AND IN THE EVENT YOU WITHDRAW YOUR APPLICATION, YOU WILL FORFEIT THE ENTIRE SECURITY DEPOSIT.

PLEASE TYPE OR PRINT LEGIBLY

FOR OCCUPANCY AT APARTMENT: _____

A. ABOUT YOU:

Name: _____ M/F _____

Street Address: _____ Apt. No _____

City: _____, State: _____ Zip: _____ Home Phone _____

Work Phone: _____ Cell Phone: _____ Email Address: _____

Social Security No.: _____ Date of Birth: _____

Name:(co-applicant): _____ M/F _____

Street Address: _____ Apt. No _____

City: _____, State: _____ Zip: _____ Home Phone _____

Work Phone: _____ Cell Phone: _____ Email Address: _____

Social Security No.: _____ Date of Birth: _____

Current monthly rent? \$ _____ How much do you contribute to the total monthly rent? _____

(If you do not contribute anything write "0")

No. of bedrooms? _____ No. of occupants? _____ How long at this address? _____ Years

Whose name is on the lease? _____ Relationship to applicant? _____

Landlord/Managing Agent: _____

Landlord's Address: _____

Landlord's phone # _____

Previous residence address _____

Previous Landlord's name _____ Phone # _____

Previous Landlord's address _____

B. ABOUT YOUR WORK:

Current employer (*applicant*) _____ Phone _____
 Address _____
 Type of business _____ Your position _____
 Gross **Annual** income \$ _____ (*Per Year*). Start Date _____ Full Time? _____
 Supervisor's Name _____ Phone _____

Current employer (*co-applicant*) _____ Phone _____
 Address _____
 Type of business _____ Your position _____
 Gross **Annual** income \$ _____ (*Per Year*). Start Date _____ Full Time? _____
 Supervisor's Name _____ Phone _____

Previous employer (*applicant*) _____ Phone _____
 Address _____
 Type of business _____ Your position _____
 Gross **Annual** income\$ _____ (*Per Year*). Start Date _____ End Date _____
 Supervisor's Name _____ Phone _____

Previous employer (*co-applicant*) _____ Phone _____
 Address _____
 Type of business _____ Your position _____
 Gross **Annual** income\$ _____ (*Per Year*). Start Date _____ End Date _____
 Supervisor's Name _____ Phone _____

INCOME FROM OTHER SOURCES:

List all other income, for example, Interest income, dividends, annuities, income from rental property, unemployment compensation, child support, alimony, scholarships and/or grants, pension, Social Security, disability compensation, Armed Forces Reserves, SSI, etc.

<u>Household Member</u>	<u>Type of Income</u>	<u>Amount</u>
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____

TOTAL ANNUAL HOUSEHOLD INCOME:

(Add **All Income** Listed Above and Indicate the Total Earned for the Year)

\$ _____ PER YEAR

IBEC BUILDING CORPORATION

55 Broad Street, 16th Floor, New York 10004

Telephone (212) 747-0227
Fax (212) 747-0215

Attention Applicant:

In order to process your application, you must pay the credit check fee of **\$60.00** per application made payable to **IBEC Building Corp.** This fee will cover the credit check & housing court search. It is non-refundable. This is not a broker's fee. If you are accepted for an apartment, in order to reserve the apartment, you must pay the security deposit (equal to one month's rent) and at lease signing you will pay the first month's rent.

In order for us to further process your application, please supply the following:

- ◆ Clear **copies** of the last four consecutive pay stubs, or a job letter stating title, salary and date of hire. (For all working adults)
- ◆ Clear **copies** of all W-2 Forms for the prior calendar year (For all working adults)
- ◆ Clear **copies** of your 1040 Form for the prior calendar year. (For all working adults)
- ◆ Consecutive rent receipts for the past six months (if canceled checks, copies of **both** front & back of the canceled checks are required)

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