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**IRVIN**  
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**CONDOMINIUM**  
3 0 8   W E S T   3 0 T H

**Application to Lease Unit # \_\_\_\_\_**

**PLEASE COMPLETE THE LEASE REQUIREMENTS AND SUBMIT TWO (2) ORIGINAL SETS TO THE IRVIN CONDOMINIUM at One Penn Plaza, Suite 4000, New York, NY 10119**

**Attn: Arlene R.**

(The Board of Directors and/or its managing agent reserve the right to request any additional information at any time during the review process).

**IMPORTANT NOTE: UNITS CAN ONLY BE LEASED FOR A MINIMUM OF 12 AND A MAXIMUM OF 24 MONTH TERMS. ADDITIONAL TERMS WILL REQUIRE BOARD REVIEW AND APPROVAL.**

**Application Requirements:**

1. Lease Application filled out in its entirety.
2. Condominium Lease Agreement (**REBNY or Blumberg forms ONLY**) - must be executed & submitted by all parties named on the lease.
3. **Application must include a complete credit report (which includes scores) dated no earlier than 30 days from the date the application is submitted – FOR EACH APPLICANT.**
4. NYC - Window Guard, Bed Bug & Lead Paint Disclosure Forms must be executed by Owner, Tenant and Agent.
5. Letter of reference from current Landlord or Managing Agent.
6. Income Verification
  - a) Employed Applicants: a letter by your employer, on company letterhead stating your starting date, position, salary and guaranteed bonuses if any, and a copy of your last two (2) consecutive pay stubs and last two (2) years Income Tax Return with corresponding W2 forms.
  - b) Self-Employed Applicants: a letter from your accountant stating last year's income and your projected income for this year, and a copy of last two (2) years personal tax returns with W2s and/or 1099s.
7. A photo ID issued by a governmental agency.

**THE FOLLOWING FEES MUST BE SUBMITTED WITH LEASE PACKAGE:**

1. Processing fee of \$250.00 made payable to "Pinnacle Managing Co. LLC".
2. Refundable move-in deposit of \$1000.00 by certified check from proposed tenant(s) payable to "The Irvin Condominium".

**MOVE IN/OUT OR DELIVERIES CAN ONLY BE DONE MONDAY-FRIDAY BETWEEN 9:00AM-4:00PM AND MUST BE SCHEDULED IN ADVANCE.**

**PLEASE ALLOW 30 BUSINESS DAYS FOR PROCESSING FROM THE DATE OF RECEIPT OF A COMPLETE BOARD PACKAGE**

**Owner's Information**

Name: \_\_\_\_\_

Future Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

**Applicant's Information**

*(Separate application required for each person who will reside in the apartment and each guarantor)*

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

Names of all persons who will reside in apartment and if children, state number and their ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of all club/society memberships, fraternity/honorary societies to which applicant belongs:

\_\_\_\_\_  
\_\_\_\_\_

Schools and colleges attended by purchaser/occupants:

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Names of all residents in the building known by the applicant:

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Does applicant wish to keep any pets, and if so, please specify: (Breed, Sex, Weight, Age & Name)

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Present landlord/agent, address, telephone #, monthly rent, and length of occupancy:

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Previous landlord/agent, address, telephone #, monthly rent, and length of occupancy:

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Have you ever sued any landlord? If yes, please give complete details separately.

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List every person/entity you have sued in the last five years.

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Do you practice playing, or do you intend on practicing, a musical instrument of any sort? Give details, including type of instrument, length of practice, and time during the day.

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Do you intend to run any business out of the apartment? \_\_\_\_ Yes \_\_\_\_ No

See Annexed Requirements.

I (We) certify the foregoing statements are true and intend the Board to rely upon them when considering this application. I (We) agree to pay all applicable fees.

DATED: \_\_\_\_\_  
Lease Applicant or Guarantor

DATED: \_\_\_\_\_  
Owner

Documents submitted singly from any source will be returned to the source. Application must be submitted in its entirety. **Incomplete applications will not be accepted.**

**PLEASE NOTE: A refundable deposit of \$1000.00 by certified check, made payable to: The Irvin Condominium is required for any move in/out. Management must receive insurance certificate(s) and deposit four (4) business days prior to your move in/ out or delivery.**

**FINANCIAL INFORMATION**

**(Required for each applicant and guarantor)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Assets** (Copies of the two (2) most recent statements for each account listed must be attached.)

**Bank Name**

Balance:

Checking Account #: \_\_\_\_\_ \$ \_\_\_\_\_

Savings Account #: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Are you a defendant in a legal action? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of CPA or Executor, if any: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public