

**APPLICATION PROCESS**

Dear Applicant,

In order to process your application, the following items must be submitted:

- 1) A **completed** application form (5 pages including this cover page) with signatures wherever indicated. Do not leave any blanks. Zip codes must be included.
- 2) Copies of the following items:
  - a) Social Security Card or W-8BEN (for non-U.S. citizens);
  - b) Government-issued photo identification
- 3) Three (3) current employment pay stubs.
- 4) A full copy of your most recent tax return package.
- 5) A **NON-REFUNDABLE** seventy five dollar (\$75) money order **PER APPLICANT** payable to R. A. Cohen & Associates, Inc.
- 6) In the event that Applicant does not have any established credit history, or has a credit history which does not meet our minimum requirements, then Applicant may be required to provide Landlord with a Guarantor, who will be required to complete an application and is subject to a credit report.

Mail the entire package to:

R.A. Cohen & Associates, Inc.  
Attn: Fred Fragano, Leasing Coordinator  
250 Park Avenue, Suite 1901  
New York, NY 10177

If you have any questions, please feel free to call me at (212) 835-9526.

Thank you.

Fred F. Fragano  
Leasing Coordinator

## APPLICANT #1

APARTMENT YOU ARE APPLYING FOR		
Building Address	Apt.#	
PERSONAL INFORMATION		
Name	SS#; or if non-U.S. citizen, Tax ID# or W-8BEN#	Date of Birth
Present Address	Apt#	
City	State	Zip
Home Phone (with area code)	E-mail	Monthly Rent
How Long There	Reason for Leaving	
Previous Address		
City	State	Zip
Present Landlord's Name	Present Landlord's Phone	
Present Landlord's Address		
Employer's Name	Supervisor	
Business Address	Email Address	
Business Phone	Position	Salary
Length of Employment		
Applicant's Previous Employer	Supervisor	
Business Address		
Business Phone	Position	Salary
Length of Employment		
Other Income Sources		
REFERENCES		
Bank	Branch	
Checking Account#	Savings Account#	
Checking Account 2#	Savings Account 2#	
Credit Card	Account #	
Date Started	Balance	
Personal Reference		
Address	Zip Code	Phone

## APPLICANT #1 (continued)

### LOANS

Lending Institution/s

Name/Address

Current Monthly Payment

Outstanding Balance

Name/Address

Current Monthly Payment

Outstanding Balance

### EMERGENCY CONTACTS (2 different people required)

Name #1

Relationship

Address

Telephone

City

State

Zip

Name #2

Relationship

Address

Telephone

City

State

Zip

### PLEASE LIST ALL WHO WILL BE LIVING IN THE APARTMENT (other than applicants)

Name

Relationship

Name

Relationship

Name

Relationship

I hereby authorize the Landlord to verify my employment, salary and credit information as stated above. Application and references must be acceptable to Landlord or occupancy will not be granted. *I understand that no pets will be allowed in this apartment.* I certify that all statements made herein are true and correct.

Applicant #1: Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

RE: Building Address

Apt#

Size

Lease to Commence

Lease to Expire

Term

Previous Rent

Monthly Rent

Annual Rent

Pref: Y / N

Amt. \$

# of Occupants: Adults

T of R # App. Lease needed by

Commission: Yes / No

Source

Paid

Approved RAC/RDC

## APPLICANT #2

### APARTMENT YOU ARE APPLYING FOR

Building Address Apt.#

### PERSONAL INFORMATION

Name SS#; or if non-U.S. citizen,  
Tax ID# or W-8BEN# Date of Birth

Present Address Apt#

City State Zip

Home Phone (with area code) E-mail Monthly Rent

How Long There Reason for Leaving

Previous Address

City State Zip

Present Landlord's Name Present Landlord's Phone

Present Landlord's Address

Employer's Name Supervisor

Business Address Email Address

Business Phone Position Salary

Length of Employment

Applicant's Previous Employer Supervisor

Business Address

Business Phone Position Salary

Length of Employment

Other Income Sources

### REFERENCES

Bank Branch

Checking Account# Savings Account#

Checking Account 2# Savings Account 2#

Credit Card Account #

Date Started Balance

Personal Reference

Address Zip Code Phone

## APPLICANT #2 (continued)

### LOANS

Lending Institution/s

Name/Address

Current Monthly Payment

Outstanding Balance

Name/Address

Current Monthly Payment

Outstanding Balance

### EMERGENCY CONTACTS (2 different people required)

Name #1

Relationship

Address

Telephone

City

State

Zip

Name #2

Relationship

Address

Telephone

City

State

Zip

### PLEASE LIST ALL WHO WILL BE LIVING IN THE APARTMENT (other than applicants)

Name

Relationship

Name

Relationship

Name

Relationship

I hereby authorize the Landlord to verify my employment, salary and credit information as stated above. Application and references must be acceptable to Landlord or occupancy will not be granted. *I understand that no pets will be allowed in this apartment.* I certify that all statements made herein are true and correct.

Applicant #2: Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

RE: Building Address

Apt#

Size

Lease to Commence

Lease to Expire

Term

Previous Rent

Monthly Rent

Annual Rent

Pref: Y / N

Amt. \$

# of Occupants: Adults

T of R # App. Lease needed by

Commission: Yes / No

Source

Paid

Approved RAC/RDC