

APPLICATION / TENANT DATA VERIFICATION FORM

CLASSIC MARKETING LLC

BUILDING ADDRESS: _____ APARTMENT#: _____
NAME OF APPLICANT: _____ SOCIAL SECURITY#: _____
PRESENT ADDRESS: _____ DAYTIME TEL#: _____
CITY, STATE, ZIP: _____ CELL PHONE#: _____
EMAIL ADDRESS: _____ DATE OF BIRTH: _____

LEASE BEGINS _____ LEASE EXPIRES _____ MONTHLY RENT: _____

IF YOU CURRENTLY RENT, PLEASE COMPLETE THIS SECTION:

HOW LONG AT ABOVE ADDRESS: _____ YEARS _____ MONTHS
PRESENT LANDLORD: _____ LANDLORD TEL#: _____
LANDLORD ADDRESS: _____ LEASE EXPIRES: _____
PLEASE LIST YOUR PREVIOUS ADDRESS, IF YOU LIVED LESS THAN 2 YEARS AT YOUR PRESENT ADDRESS:
PREVIOUS ADDRESS: _____ LANDLORD TEL#: _____
PREVIOUS LANDLORD: _____ DATE VACATED: _____

APPLICANT'S EMPLOYER: _____ POSITION / TITLE: _____
EMPLOYER'S ADDRESS: _____ TELEPHONE#: _____
HOW LONG: _____ YEARS _____ MONTHS CONTACT PERSON: _____
ANNUAL COMPENSATION: _____ CONTACT TEL#: _____
PLEASE LIST YOUR PREVIOUS EMPLOYER, IF YOU HAVE BEEN EMPLOYED LESS THAN 2 YEARS AT THE ABOVE EMPLOYER:
PREVIOUS EMPLOYER: _____ POSITION / TITLE: _____
EMPLOYER'S ADDRESS: _____ TELEPHONE#: _____
HOW LONG: _____ YEARS _____ MONTHS CONTACT PERSON: _____
ANNUAL COMPENSATION: _____ CONTACT TEL#: _____
OTHER SOURCES OF INCOME: _____
CONTACT PERSON: _____ CONTACT TEL#: _____

BANK REFERENCES:

NAME OF BANK: _____ TYPE OF ACCT. _____ ACCT#: _____

ACCOUNTANT'S FIRM NAME: _____ CONTACT PERSON: _____
FIRM ADDRESS: _____ CONTACT TEL#: _____

NAME OF PERSON NOT ON LEASE TO OCCUPY APARTMENT:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE OF EMERGENCY NOTIFY: _____ TELEPHONE#: _____
ADDRESS: _____

In connection with my application for this apartment, I authorize all banks, corporations, companies, Credit agencies, accountants, persons and Employers, to release any information that they have shown me to Tenant Date Verification Co. Inc., or its agency and I release them from any and all liability or responsibility from doing so. Further I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand this notice will also apply to future update reports that may be requested. I understand that any misrepresentation by me may be the cause of rejection by the landlord.

APPLICANTS SIGNATURE: _____ DATE: _____

CLASSIC MARKETING LLC AGENT: _____ CO-BROKE AGENT: _____

TENANT DATA VERIFICATION CO. INC.
SERVICING THE REALTY INDUSTRY
344 PORTION ROAD
LAKE RONKONKOMA, NEW YORK 11779

TDV CREDIT CARD INFORMATION

I hereby authorize Tenant Data Verification, Co., Inc., to charge my credit card for the purpose of obtaining a credit background. I (we) release T.D.V. from any and all liability from doing so.

Apartment

THE MONARCH

200 East 89th Street

Building

PAYMENT: _____
\$55 per applicant (credit fee is non-refundable)

NAME OF CREDIT CARD HOLDER _____

BILLING ADDRESS OF CARD HOLDER _____

City, State, Zip Code
CREDIT CARD NUMBER _____

EXPIRATION DATE _____

INDICATE TYPE OF CARD _____
VISA – MASTERCARD – AMERICAN EXPRESS

***3 OR 4 DIGIT SECURITY CODE:** _____

SIGNATURE OF CARD HOLDER _____

***UNABLE TO PROCESS WITHOUT THIS CODE**

TENANT DATA VERIFICATION CO., INC.

AUTHORIZATION TO OBTAIN A CREDIT REPORT

IN ORDER TO COMPLY WITH THE PROVISIONS OF SECTION 6.06 (A) OF THE FEDERAL FAIR CREDIT REPORTING ACT, I AUTHORIZE YOU TO RETAIN A CREDIT REPORTING AGENCY, WHICH AGENCY MAY OBTAIN INFORMATION REGARDING EMPLOYMENT, INCOME, CREDIT HISTORY, ACCOUNTANTS, BANKING INFORMATION, FINANCIAL BROKER, AND LANDLORD.

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Date: _____