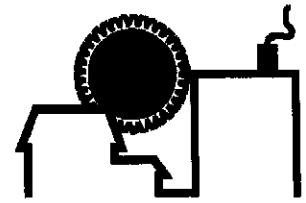


JEROME ASSOCIATES, LLC.

2800 WEBSTER AVENUE • BRONX, NEW YORK 10458

Tel: (718) 220-4216 • FAX: (718)-365-7441

www.jeromeassociates.com



OFFICE HOURS
MONDAY – FRIDAY
9:00AM – 5:00PM

INTERVIEWS
MONDAY - FRIDAY
9:00AM – 3:00PM

REQUIREMENTS

- 1- **NON-REFUNDABLE** MONEY ORDER FOR CREDIT, COURT HISTORY SEARCH, AND OPTIONAL HOME VISIT PAYABLE TO JEROME ASSOCIATES, LLC. :

-\$60 FOR SINGLE -\$30 FOR EACH ADDITIONAL APPLICANT
- 2- APPLICATION HAS TO BE FILLED OUT COMPLETELY BY APPLICANT. NO APPLICATION WILL BE CONSIDERED IF ANY OF THE REQUESTS ARE NOT COMPLIED WITH.

APPLICANT'S DOCUMENTS REQUIRED

1. LAST TWO PAY STUBS
2. LAST TAX RETURN FORMS/W-2 FORM
3. LETTER FROM JOB STATING LENGTH OF TIME & WAGES RECEIVED (ORIGINAL LETTERHEAD ONLY) NO COPIES
4. BIRTH CERTIFICATE
5. SOCIAL SECURITY CARD/PICTURE ID
6. CURRENT LEASE
7. LAST TWELVE (12) MONTHS RENT RECEIPT/PROOF OF PAYMENT
8. TWO REFERENCE LETTERS
9. MINIMUM 2 YEARS CONTINUOUS EMPLOYMENT ON CURRENT JOB

NOTE: ALL DOCUMENTS SUBMITTED IN ITS ORIGINAL SUBMISSION FORM WILL BE RETAINED BY THIS OFFICE AND MAINTAINED AS PART OF OUR BUSINESS RECORDS. PLEASE BE SURE TO MAKE COPIES YOU MAY REQUIRE PRIOR TO SUBMISSION. ACKNOWLEDGE: _____ (initial)

Rental Application

JEROME ASSOCIATES, LLC
2800 WEBSTER AVENUE
BRONX, N.Y. 10458

Interview Date _____ Apt. Seen _____

718-220-4216

INSTRUCTIONS: Please complete all sections listed below and on the back. Any questions that do not apply, place N/A in the space provided. Thank you for your interest.

APARTMENT STYLE AND SIZE DESIRED _____
DESIRABLE DATE OF OCCUPANCY _____

APPLICANTS FULL NAME _____ SOCIAL SECURITY NO. _____

DATE OF BIRTH ___/___/___ MARITAL STATUS _____ AGE _____

OTHER RESIDENTS

RELATIONSHIP

AGE

- | | | |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

DO YOU OWN: WASHING MACHIINE? _____ AIR CONDITIONER? _____ PETS? (IF YES, WHAT) _____

PLEASE INDICATE IN DESCENDING ORDER

PRESENT ADDRESS _____	LANDLORD OR MORTGAGOR _____
PHONE NUMBER _____	LENGTH OF TIME AT ADDRESS _____
CELL PHONE NUMBER _____	
MONTHLY PAYMENT _____	REASON FOR MOVING _____
PREVIOUS ADDRESS _____	LANDLORD OR MORTGAGOR _____

APPLICANTS EMPLOYER _____	LENGTH OF TIME _____
ADDRESS _____	TELEPHONE NO. _____
POSITION _____	SUPERVISOR _____
OTHER RESIDENT(S):	OTHER RESIDENT(S) SS. NO. _____
RESIDENT _____	EMPLOYER _____
ADDRESS _____	TELEPHONE NO. _____

IF MORE SPACE IS NECESSARY, PLEASE ATTACH ADDITIONAL SHEETS.

BANK _____ ADDRESS _____
 CHECKING ACCOUNT # _____ SAVING ACCOUNT # _____
 CREDIT REFERENCE _____ ACCOUNT NUMBER _____
 ADDRESS _____ DATE STARTED _____
 CREDIT REFERENCE _____ ACCOUNT NUMBER _____
 ADDRESS _____ DATE STARTED _____
 OTHER REFERENCE _____ ADDRESS _____

	LOAN <u>INSTITUTIONS</u>	ADDRESS	MONTHLY <u>PAYMENT</u>	BALANCE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

AUTOMOBILE(S): _____ DRIVERS LICENSE NUMBER _____
 MAKE _____ YEAR _____ COLOR _____ LIC. # _____ STATE _____
 MAKE _____ YEAR _____ COLOR _____ LIC. # _____ STATE _____
 MAKE _____ YEAR _____ COLOR _____ LIC. # _____ STATE _____

APPLICANTS YEARLY INCOME \$ _____ HOUSEHOLD INCOME \$ _____

COMMENTS _____

IN CASE OF EMERGENCY, CONTACT _____ RELATIONSHIP _____
 ADDRESS _____ TELEPHONE # _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I UNDERSTAND THAT THIS APPLICATION MAY BE REVOKED IF ANY INFORMATION FURNISHED UPON THIS APPLICATION IS FOUND TO BE INCORRECT. I AUTHORIZE YOU TO CONTACT ANY REFERENCES LISTED ON THIS APPLICATION.

 APPLICANT SIGNATURE

 DATE

 APPLICANT SIGNATURE

 DATE

FOR OFFICE USE ONLY
 DATE OF APPLICATION _____ APPLICATION RECEIVED BY _____
 BUILDING MANAGER APPROVAL _____ DATE OF APPROVAL _____

HOME VISIT INFORMATION
 HOME VISIT SCHEDULED FOR: _____
 VISITED BY: _____ DATE: _____ STATUS: _____

CREDIT APPLICATION

Jerome Associates, LLC
2800 Webster Avenue Bronx, NY 10458
Phone No (718) 220-4216 Fax (718) 365-7441

OWNER/MANAGEMENT CO: **JEROME ASSOCIATES, LLC**

For Occupancy At _____ Apt _____ Rent/Maint \$ _____

Instructions For Applicant

Print all Information Clearly Include All Account And Phone Numbers, Read, Sign, and Date Application

Personal Information

Name _____ Birthdate: ____/____/____
FIRST MIDDLE LAST

Drivers License # _____ State _____ Social Security Number ____/____/____

Residence Information

Current _____
Address City State Zip Apt. No.

Rent/Maint \$ _____ Move In Date _____ Expiration Date _____ Phone () _____
Home phone

Landlord _____ Phone () _____
Company Name Address City State, Zip Landlord Phone

Employment Information

Current _____
Employer Name Address City State zip

Position _____ Annual Income \$ _____ Phone () _____

Supervisor's Name _____ Start Date _____ Phone () _____

Previous Employer _____ Annual Income \$ _____

Position _____ Start Date _____ End Date _____ Phone () _____

Bank Information

Name _____ Average Balance \$ _____
Name City State

Account Number _____ Checking Saving Bank Phone () _____

Bank Name _____ Average Balance _____

Account Number _____ Checking Saving Bank Phone () _____

Other Residents To Occupy Apartment	Social Security Number	Relationship	Sex (optional)	Age (optional)

DO YOU HAVE ANY PETS? YES NO DOG CAT OTHER _____ OPEN HOUSE _____ OFFICE _____

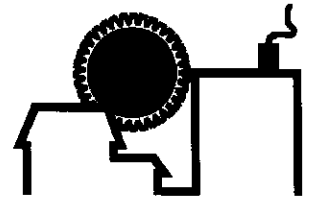
IN CASE OF EMERGENCY CONTACT: _____

This application is subject to approval by the owners or agents and may be without cause disapproved by them. This application may be made a part of your lease. I hereby authorize Jerome Associates, LLC to use any consumer reporting agency, credit bureau or investigative agency to confirm the information contained herein, pertaining to my employment history, credit history, prior tenancies, character and to obtain a credit report and any other credit information, and disclose such information to the owner/agent or representative in support of this application. I have completed this application and recognize that the truth of the information contained herein is essential.

APPLICANTS SIGNATURE _____ DATE _____

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HOW DID YOU HEAR ABOUT JEROME ASSOCIATES, LLC?

NEWSPAPER: _____

WEBSITE: _____

BROKER: _____

BLDG. SIGN: _____

OTHER: _____

COMO SE INFORMO DE JEROME ASSOCIATES, LLC?

PERIODICO: _____

REFERENCIA: _____

AGENTE: _____

TORDO EN EDIFICIO: _____

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