CREDIT AND BACKGROUND CHECK AUTHORIZATION

NOTICE: All adult applicants (18 years or older) must complete a separate authorization.

510 - 530 West 45th Street New York, NY 10036 212-247-2682

Leasing@530West45.com						
APARTMENT:	RENT:	SECURIT	Y DEPOSIT:	AGENT:	AGENT:	
START DATE:	LEASE LENGTH:	BROKER		BROKER PHONE	:	
APPLICANT INFORMATIO)N					
FIRST NAME	M.I. LAST NAME	SUFFIX	ssn		DATE OF BIRTH	
HOME PHONE ()	WORK PHONE	EMAIL			•	
CURRENT ADDRESS					ang at a tak at batta kat 1700 bilan b	
STREET ADDRESS		CITY	STATE	ZIP		
LANDLORD/MANAGING AGENT NAME		LANDLORD/MA	LANDLORD/MA PHONE ()		YEARS AT CURRENT RESIDENCE	
MONTHLY RENT	DATE IN	DATE OUT	REASO	ON FOR LEAVING		
PREVIOUS ADDRESS (if I	ess than 2 years at cur	rent)				
STREET ADDRESS	coo than 2 years at ear	CITY	STATE	ZIP		
LANDLORD/MANAGING AGENT NAME		LANDLORD/MA PHONE				
MONTHLY RENT	DATE IN	DATE OUT	`	ON FOR LEAVING		
MONTHE NEW	DATE IV	DATE OUT	KEAGG	TON ELAVINO		
PETS						
PETS?	ТҮРЕ	WEIGHT	AGE		DESCRIBE	
YES NO						
former landlords property mana party connected with its busine	agents free and harmless of agers, supervisors, or emplo ss organization unless inclu	f any liability for providing oyers. No representations uded in the written lease p	written or verbal information or agreements by Salesper proposed to be executed. By	n and/or discussing the qual rsons, Brokers or others are y submitting this application,	ation. I hereby hold On-Site ity of my tenancy with current and to be binding on Owner, and/or any I represent that Owner makes no application form becomes a part of	
A PROPERTY OF THE PROPERTY OF	The State of the S	NEW YORK CITY T	ENANT FAIR CHANCE ACT	proved Species and the Control of the Section Section (Control of the Section		
NEW YORK CITY TENANT FAIR CHANCE ACT Pursuant to federal and state law NYC Admin. Code §20-807 et seq.: 1) If your application is denied or other adverse action is taken against you due to a screening report the landlord uses, the landlord must tell you so and how to contact the screening company to obtain a free copy of the report. 2) You may dispute inaccurate or incorrect information on the report directly with the screening company. Our screening company is: On-Site.com, 307 Orchard City Drive, Suite 110, Campbell, CA 95008, (877) 222-0384 Fax: (888) 774-0144 www.on-site.com/documents 3) Annually, you may order a free screening report from www.annualcreditreport.com (in addition to a free report from each national consumer reporting agency if adverse action was taken against you).						
BILLING INFORMATION FO						
CARD TYPE VISA MASTERCARD AME	120000000000	NUMBER		EXPIRATION	BILLING ZIP CODE	
I authorize On-Site.com to char refundable and exclusive of any (Name on Card (Print))				rding to the terms of my Ca	rdholder Agreement. This fee is non-	