

Date of application: \_\_\_\_\_

**Return to Dina**

Fax: 212-628-8194

Tel: 212-734-9500

Email: Info@HarlingtonLLC.com

M-F 9:30am-5pm

## **Guarantor Lease Application**

This application must be completed by all adults who will be guarantors.

Building: \_\_\_\_\_ Apt. #: \_\_\_\_\_ # of Rooms: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Landlord's Tel. #: \_\_\_\_\_

# of Years at Present Address: \_\_\_\_\_ Rent Per Month: \$ \_\_\_\_\_

Prior Address (If at present address less than 5 years):

Occupation: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_ No. of Years \_\_\_\_\_

Name of Employer \_\_\_\_\_

Other Income: \_\_\_\_\_ Bonuses & Commissions: \_\_\_\_\_

If at Present Job for Less Than Five Years, List Names, Addresses and Phone Numbers of all Employers for Last Five Years:

Employer's Name:	Address:	Phone #:	Duration:
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do You Presently, or Have You Owned a Condominium, Cooperative, or Private Home(s), in the Last Five Years? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, list all the address: (Indicate the year sold or weather you still own the property).

Address: \_\_\_\_\_ Year Sold: \_\_\_\_\_

\_\_\_\_\_

Indicate Below the Status of Present Mortgage:

Mortgage Held By: \_\_\_\_\_ Present Mortgage Balances: \_\_\_\_\_

Personal Banking Information:

Bank:	Type of Account:	Acct. #	Balance:
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\_\_\_\_\_

\_\_\_\_\_

Banking Information:

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

Branch Telephone No.: \_\_\_\_\_

**Page 2. Guarantor Application**

Charge Accounts or Credit Cards:

Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outstanding Loans: \_\_\_\_\_ Monthly Payments: \_\_\_\_\_ Loan No.: \_\_\_\_\_

Personal References: (People you have known for at least one year)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business References: (i.e. Doctors, Attorneys, Accountants, Co-Workers, etc.)

Name & Occupation: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are You a Citizen of the U.S.A? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Other Country? \_\_\_\_\_

Alien Card or Visa #: \_\_\_\_\_ Expires: \_\_\_\_\_

A) How did you know about this apartment? \_\_\_\_\_

B) Did you inspect the apartment indicated? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

Whom shall we notify in case of emergency? \_\_\_\_\_

**I hereby authorize the landlord and The Credential Researchers Ltd. To obtain a consumer credit report on me and to verify any information on this application with regard to my employment history, current and prior tenancies and all other information which they deem pertinent to obtaining residency and to release such information to the parties set-forth above. Information contained in this report is strictly confidential, may not be divulged to the subject of this report, nor to any other person and is intended for the exclusive use of the inquirer.**

THIS APPLICATION MUST BE SIGNED.

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

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140 West End Ave - Suite 17J - NYC, NY 10023  
www.credentialresearchers.com

Tel 212-873-8290 / 866-873-8290 toll free  
Fax 212-873-2769 / 917-441-6785

### AUTHORIZATION TO RELEASE RECORDS

**LANDLORD:**

TO: \_\_\_\_\_  
(Company Name) (Contact/Title)  
\_\_\_\_\_  
(Phone Number) (Fax Number)

**EMPLOYER:**

TO: \_\_\_\_\_  
(Company Name) (Contact/Title)  
\_\_\_\_\_  
(Phone Number) (Fax Number)

**BANK:**

TO: \_\_\_\_\_  
(Bank Name) (Contact/Title)  
\_\_\_\_\_  
(Phone Number) (Fax Number)

**ACCOUNTANT: (if self-employed or have income in addition to your salary, etc.)**

TO: \_\_\_\_\_  
(Name) (Phone)

**ATTORNEY: (if applicable)**

\_\_\_\_\_  
(Name) (Phone)

I authorize the above referenced individuals and/or institutions to verify any and all requested information and, when necessary, to provide written backup to the Credential Researchers, Ltd.

Applicant Name: \_\_\_\_\_  
(Please Print)

Applicant Signature: \_\_\_\_\_

*Please Note: To expedite your application process, please fill in the above information and advise these parties that The Credential Researchers, Ltd. will be contacting them. Please indicate the importance of a prompt response. Thank you.*