

The Alameda

40-40 79th Street, East Elmhurst, NY 11373

Phone (212) 213-1727 Fax (212) 448-1090

Email radams@triumphproperty.com

| | | | | | |
|------------------|------------|-------------|--------|--------------------|----------------|
| Building | | Apartment # | Rooms | Monthly Rent \$ | Security \$ |
| Lease Start Date | Lease Term | Landlord | Broker | Agent | |

UNIFORM RESIDENTIAL APPLICATION

This application is designed to be completed by one applicant only. In the spirit of U.S. Policy for the achievement of equal housing opportunity, there are no barriers to obtaining housing because of race, color, sex, sexual orientation, national origin, handicap, or familial status. Approval is based on an applicants ability to prove employment, income, residency, credit and financial history as described in detail below. All information supplied will be verified for its accuracy. All sections must be complete before submitting for approval.

• THIS APPLICATION MUST BE PRINTED AND LEGIBLE •

ABOUT THE APPLICANT Write your name as it appears on your credit files

| | | | | |
|------------|--------|-----------|-----------------|---|
| First Name | Middle | Last Name | Jr, Sr, II, III | Sex: M <input type="checkbox"/> F <input type="checkbox"/> |
|------------|--------|-----------|-----------------|---|

| | | | |
|------------------------|---------------|---------|---------------|
| Social Security Number | Date of Birth | Phone # | Email Address |
|------------------------|---------------|---------|---------------|

| | | |
|------------------------------|---------|---------------------|
| IN CASE OF EMERGENCY, NOTIFY | Phone # | Relationship to you |
|------------------------------|---------|---------------------|

CURRENT RESIDENCY You may be required to produce a signed lease and/or cancelled rent checks

| | | | | |
|---------|------|------|-------|-----|
| Address | Apt# | City | State | Zip |
|---------|------|------|-------|-----|

| | | |
|--|---------|--------------|
| Name of Landlord, Management Company or Tenant of record | Phone # | Contact Name |
|--|---------|--------------|

| | | | | |
|--|-------------------------------|---|------------------------------|-------------------------------|
| How Long Have You Lived at this address? | Monthly Rent / Mortgage \$ | <input checked="" type="checkbox"/> Check one | Own <input type="checkbox"/> | Rent <input type="checkbox"/> |
|--|-------------------------------|---|------------------------------|-------------------------------|

PRIOR RESIDENCY Must be filled in if you lived at the Current Address for less than 2 years

| | | | | |
|---------|------|------|-------|-----|
| Address | Apt# | City | State | Zip |
|---------|------|------|-------|-----|

| | | |
|--|---------|--------------|
| Name of Landlord, Management Company or Tenant of Record | Phone # | Contact Name |
|--|---------|--------------|

| | | | | |
|--|-------------------------------|---|------------------------------|-------------------------------|
| How Long Have You Lived at this address? | Monthly Rent / Mortgage \$ | <input checked="" type="checkbox"/> Check one | Own <input type="checkbox"/> | Rent <input type="checkbox"/> |
|--|-------------------------------|---|------------------------------|-------------------------------|

CURRENT EMPLOYMENT You may be required to produce 1- Employer Verification letter signed & dated on your company letterhead 2- Paystubs 3- 10-40, W-2, 10-99 4- Other Income Taxpayer Identification.

| | | | | | |
|---------------------------------|------------------|---------------------|------|-------|-----|
| Primary Source of income | Name of Employer | Address of Employer | City | State | Zip |
|---------------------------------|------------------|---------------------|------|-------|-----|

| | | | |
|--------------|-----------------|-----------------------|-----------------|
| Contact Name | Contact Phone # | How long on this Job? | Dates (From-To) |
|--------------|-----------------|-----------------------|-----------------|

| | | |
|--------------------------------------|---|---|
| Your Position/Title/Type of Business | How long in this line of work/profession? | <input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed <input type="checkbox"/> Independent Contractor |
|--------------------------------------|---|---|

ANNUAL INCOME In Detail

| | | | | |
|-------------|----------|---------|-------------|-------|
| Base Income | Overtime | Bonuses | Commissions | TOTAL |
|-------------|----------|---------|-------------|-------|

If Self Employed, Independent Contractor or use overtime, bonus or commission income to qualify 1- Fluctuating income may be averaged 2- you may be required to produce 2 years Income Tax Documentation. 3- You are required to supply information about the Accountant that prepared your most recent income tax return.

| | | |
|-----------------|---------|---------|
| Accountant Name | Phone # | Address |
|-----------------|---------|---------|

If Current Employment is Less Than 2 Years, You Must include your Previous Employment Information

| | | | | | | | | | |
|--------------------------------------|--|--|---------------------|--|---|------|--|-------|-----|
| EMPLOYMENT 2 | | | | | <input checked="" type="checkbox"/> Check one <input type="checkbox"/> Second Income Source Used to Qualify <input type="checkbox"/> Prior Employment | | | | |
| Name of Employer | | | Address of Employer | | | City | | State | Zip |
| Contact Name | | | Contact Phone # | | How long on this Job? | | Dates (From-To) | | |
| Your Position/Title/type of business | | | | | How long in this line of work/ profession? | | <input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/> | | |

| | | | | | |
|--------------------------------|--|----------|---------|-------------|-------|
| ANNUAL INCOME In Detail | | | | | |
| Base Income | | Overtime | Bonuses | Commissions | TOTAL |

| | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|
| ASSET ACCOUNTS | | | | | You may be required to produce Monthly Account Statements | | | | |
| <input checked="" type="checkbox"/> Check: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____ | | | | | | | | | |
| <input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (Supply Spouse Name & SS#) _____ | | | | | | | | | |
| <input type="checkbox"/> Corporate Account (Supply Tax ID #) _____ | | | | | Is This a Borrowing Account? <input type="checkbox"/> NO <input type="checkbox"/> Yes | | | | |

| | | | | | | | | |
|--|--|--|----------------|--|--|--------------|--|--|
| Name of Bank or Institution | | | Branch Address | | | Account # | | |
| Name(s) Exactly As they Appear on This Account | | | Branch Phone # | | | Contact Name | | |

| | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|
| <input checked="" type="checkbox"/> Check: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____ | | | | | | | | | |
| <input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (Supply Spouse Name & SS#) _____ | | | | | | | | | |
| <input type="checkbox"/> Corporate Account (Supply Tax ID #) _____ | | | | | Is This a Borrowing Account? <input type="checkbox"/> NO <input type="checkbox"/> Yes | | | | |

| | | | | | | | | |
|--|--|--|----------------|--|--|--------------|--|--|
| Name of Bank or Institution | | | Branch Address | | | Account # | | |
| Name(s) Exactly As they Appear on This Account | | | Branch Phone # | | | Contact Name | | |

| | | | | | | | | | |
|-------------------|--|--|---------|--|----------------------------------|---------------------|--|--|--|
| References | | | | | Other Than Family Members | | | | |
| Name | | | Phone # | | | Relationship to you | | | |
| Name | | | Phone # | | | Relationship to you | | | |

| | | | | | | | | | |
|--|--|--|------------------|--|---|--|--------------|------|-------|
| Department of Motor Vehicles Identification | | | | | Must be Completed if Registered Motorist | | | | |
| Motorist License ID # | | | State of License | | Primary Vehicle License Plate | | Manufacturer | Year | Model |

| | | | | |
|--|--|----------|--|--|
| Will you be living with pets? Describe in detail; Type of pet, Breed, Weight. (extra security may apply) | | | | |
| <input type="checkbox"/> NO <input type="checkbox"/> Yes | | Details. | | |
| How many pets? | | | | |

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|---|--|--|--|--|
| NEW YORK CITY TENANT FAIR CHANCE ACT | | | | |
|---|--|--|--|--|

Pursuant to Federal and State Law:

- 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: CoreLogic SafeRent, Consumer Relations, 7300 Westmore Road Suite 3 Rockville, MD 20850-5223, Phone 800.999.0350 * www.FADVSafeRent.com
- 3) Annually, you may order a free screening report annually from www.annualcreditreport.com (in addition to a free report from each national consumer reporting agency if adverse action was taken against you.

AUTHORIZATION TO RELEASE INFORMATION: I the applicant, give full authorization for an investigative report whereby third parties may be contacted to report on my character, general reputation, personal characteristics, mode of living, salary-income, consumer credit and banking-financial practices. I have the right to make a written request for disclosure of the nature, results and scope of this investigation. I may not however receive or view my consumer credit file. I agree to hold N2K Reporting harmless for any claims that may arise as a result of this investigation. I authorize Banks, Financial Institutions, Landlords, Business Associates, Credit Bureaus, Attorneys, Accountants and other persons or institutions with whom I am acquainted to furnish any and all information regarding me. This authorization also applies to any update reports which may be ordered in connection with this application and or to collect any debts owed at any time. I am willing that a photocopy or fax of this authorization be accepted with the same authority as this original.

| | | | | | | | | |
|-----------------|--|--|--------------|--|--|--------------------------|--|--|
| My Printed Name | | | My Signature | | | Date of my Authorization | | |
|-----------------|--|--|--------------|--|--|--------------------------|--|--|