



REFCO MANAGEMENT CO. INC.
P.O. BOX 1027
Rock Hill, NY 12775
PH – 845-888-5246
FAX – 845-888-8312

WWW.REFCOMANAGEMENT.COM

Managing Agent – Frank DeGuzman – Email Frankrefco@gmail.com
Managing Agent – Hector Cruz – Email Hectorrefco@gmail.com

Date:

To: Prospective Tenant

Re; Application to Tenant

Dear Tenant:

Attached is the application package. Please review and complete in full. Attach copies of all necessary documents and complete each form. Should you need assistance please feel free to contact my office.

The entire process, once the application is received in this office and complete with all the necessary documentation, should take approximately one week.

Thank you for your attention in this matter.

Sincerely,

Frank DeGuzman



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RENTAL APPROVAL PROCESS

BELOW IS THE LIST OF ALL REQUIRED DOCUMENTS:

- 1-W-2 FORM FROM PREVIOUS YEAR
- 2- FINANCIAL STATEMENTS REFLECTING NET WORTH.
- 3- COPY OF LATEST PAYSTUB.
- 4- THREE PERSONAL REFERENCES.
- 5- THREE FINANCIAL REFERENCES.
- 6-CREDIT REPORT
- 7- LETTER FROM CURRENT LANDLORD.
- 8- LETTER FROM CURRENT EMPLOYER.
- 9- COPY OF DRIVERS LICENSE AND SOCIAL SECURITY CARD.
- 10 -SIGNED COPY OF THE BUILDINGS HOUSE RULES (ON WEBSITE)

APPLICATIONS CAN BE EITHER FAXED OR E-MAILED



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LEASE APPLICATION

APPLICANT (PLEASE PRINT ALL INFORMATION)

Name in Full _____ Social Security Number _____

Driver's License # _____ Rental Amount \$ _____

Address of Apartment requested _____
Number & Street Apt # City State Zip Code

Current Address _____
Number & Street Apt # City State Zip Code

Check One Rent ___ Co-op/Condo ___ Home Owner ___ Other ___

How Long At Current Address _____

If Less than 1 year list Previous Address _____
Number & Street Apt # City State Zip Code

Home Phone Number _____

Cell Phone Number _____

E-Mail Address _____

Lease Application

Name of Employer Business _____

Address of Employer's Business _____
Number & Street Apt # City State Zip Code

Occupation _____ Length of Employment _____

Salary _____ Employer Contact # _____

Contact Person Name _____ Phone Number# _____

Other Income _____ If yes Explain _____

If current employer is less than one year, list previous Employer information below.

Are you an officer of any corporation _____

Do you engage in a home occupation _____

If yes explain: _____

Are you a member of the Military Service _____

Names of persons not on lease that will occupy the apartment list below:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Do you own any animals? _____

If yes Explain _____

Have you ever claimed diplomatic immunity _____

If Yes please explain: _____

Have you or any one that will occupy apartment ever been arrested or indicted for or convicted of a felony or misdemeanor? _____

If yes Explain: _____

Lease Application

BANK REFERENCES

Name of Financial Institution _____

Checking Account Number _____

Savings Account Number _____

Accountant Name and address _____

Accountant Number _____

Please attach copy of Drivers License and Social Security Card If this is for two persons, each person must complete this form.

Signing below you acknowledge all information is true and accurate:

Signature of Applicant _____

Date _____

**LEASE/COMMENCEMENT OF OCCUPANCY NOTICE FOR PREVENTION OF LEAD
BASED PAINT HAZARDS-INQUIRY REGARDING CHILD**

You are required by law to inform the owner if a child under six years of age resides or will reside in the dwelling unit (apartment) for which you are signing this lease/commencing occupancy. If such a child resides or will reside in the unit, the owner of the building is required to perform an annual visual inspection of the unit to determine the presence of lead-based paint hazards. **IT IS IMPORTANT THAT YOU RETURN THIS FORM TO THE OWNER OR MANAGING AGENT OF YOUR BUILDING TO PROTECT THE HEALTH OF YOUR CHILD.**

If a child under six years of age does not reside in the unit now, but does come to live in it at any time during the year, you must inform the owner in writing immediately. If a child under six years of age resides in the unit, you should also inform the owner immediately at the address below if you notice any peeling paint or deteriorated subsurfaces in the unit during the year.

Please complete this form and return one copy to the owner or his or her agent or representative when you sign the lease/commence occupancy of the unit. Keep one copy of this form for your records. You should also receive a copy of a pamphlet developed by the New York City Department of Health explaining about lead based paint hazards when you sign your lease/commence occupancy.

CHECK ONE: [] A child under six years of age resides in the unit.

[] A child under six years of age does not reside in the unit.

(Occupant
signature)

Print occupant's name, address and apartment #

Certification by owner: I certify that I have complied with the provisions of §27-2056.6 of Article 14 of the Housing Maintenance Code and the rules promulgated thereunder relating to duties to be performed in vacant units, and that I have provided a copy of the New York City Department of Health pamphlet concerning lead based paint hazards to the occupant

(Owner
signature)

RETURN THIS FORM TO

OCCUPANT: KEEP ONE COPY FOR YOUR RECORDS OWNER COPY/OCCUPANT COPY

Request for Taxpayer Identification Number and Certification

Name (if joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions as page 2 if your name has changed)

Business Name: (Sole proprietors see instructions on page 2)

Please check appropriate box: Individual/Sole proprietor Corporation Partnership Other _____

Address: (number, street, and apt or suite number)

City, State and zip code _____

Part I - Taxpayer Identification Number (TIN)

Requester's name and address(optional) _____

List account number(s) here (optional) _____

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions an page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How To Got a TIN below.

Note: K the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social Security Number _____

OR

Employer Identification Number _____

Part II

For Payees Exempt From Backup Withholding (See Part 11 instructions on page 2)

**Part III
Certification**

Under penalties of perjury, I certify that:

- 1 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to ms), and
- 2 I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that f am subject to backup withholding as a result of a failure to report all interest or dividends. or (c) the IRS has no~ me that I am no longer subject to backup withholding.

Certification Instructions - You must cross -out Item 2 above H You have been notified by the IRS that you are currently subject to backup withholding because of underreporting Interest or dividends on your tax return. For real estate transactions. Item 2 does not apply. For mortgage Interest paid, the acquisition a abandonment of secured prop", cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than Interest end dividends, you are not required to sign the certification, but you must provide your correct TIN. (Also see Part 111 Instructions on pegs 2.)

Sign Here Signature : _____ Date: _____

Section references are to the Internal Revenue Code. .

Purpose of Form.-A person who is required to file an Information return with the IRS must get your correct TIN to report income paid to you, real estate transactions, mortgage Interest you paid, the acquisition or -abandonment of secured property, cancellation of debt, or contributions, you made to an IRA. Use Form W-9 to give your correct TIN to the requester(the person requesting your TIN) and when applicable

- (1) to certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- (2) to certify you are not subject to backup withholding, a
- (3) to claim exemption from backup withholding if you are an exempt payee. Bring your correct TIN and making -the appropriate certifications wig prevent . certain payments from being subject to backup withholding.

Note: a requester gives you a form other a W-9 to request your TIN, you must use the requester's form !f it is substantially similar to this Form W-9..

What b Backup Withholding ? Persons making certain payments to you must withhold and pay to the IRS 31 % of such

payments under certain conditions. This is called 'backup withholding.' Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, non employee pay. and certain payments from fishing boat operators. Real estate transactions are not subject .to backup withholding.

If you give the requester your correct TIN. make the proper certifications and report all your taxable. Interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup-withholding it.

1. You do not furnish your TIN to the requester, or

2 The IRS tells the requester that you furnished an incorrect TIN, or

3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only),. Or

5. You do not certify your TIN. See the Part (II instructions for exceptions).

Certain payees and payments are exempt from backup withholding and. information reporting. See the Part III instructions and the separate Instructions for the Requester of Form W-0.

How To Get a TIN -If you do not have a MN, apply for one immediately To apply, get Form SS-6, Application for a Social Security Number Card (for individuals), from -your local office of the Social Security Administration, or Form 85-4, Application for Employer Identification Number(for businesses and all other entities), from your local IRS office.

If you do not have a TIN, write 'Applied For' in the space for the TIN In Part I, sign and date the form, and give It to the requester. Generally, You will then have 60 days to get a TIN and give it to the requester. If the requester dose not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.

2019 Contact Information

(Please Print)

Name(s) _____

Unit# _____

Cell phone # _____ **Home#** _____

Work Phone# _____ **Fax#** _____

****E-mail Address** _____

PRINT

Emergency Contact Name _____

Emergency Contact Number _____