WILLIAM MOSES CO. INC. -



THE MEURICE 145 WEST 58TH STREET NEW YORK, NY 10019 TELEPHONE: 212-757-7500 FAX: 212-581-9130

To: All Applicants

Re: Application Documents

Dear Applicant,

Thank you for your interest in our apartments. The following is a checklist of documents required for the application process. Should you have any questions, please do not hesitate to reach out to our leasing department:

Matthew Goldberg, Assistant Vice President (212) 757-7500 ext. 112 <u>msg@wamnetworks.com</u>

Susan Virgadamo, Senior Vice President (212) 757-7500 ext. 109 <u>ssv@wamnetworks.com</u>

- \$75 Application Fee -
 - 145 West 58th Street Checks Payable to: Meurice Equity Partners LLC
 - o 150 West 58th Street Checks Payable to: William Moses Co. Inc.
 - o 575 West End Avenue Checks Payable to: 575 Associates Inc.
 - o 853 Seventh Avenue Checks Payable to: W&HM Realty Partners Co. LLC
- WAM General Application
- Photo Identification (VISA if applicable)
- Income Verification -
 - Letter from Employer OR
 - 3 most recent paystubs OR
 - o last 2 years' tax return (first 2 pages)
- Recent Bank or Brokerage Account Statement

For supporting documentation, we accept either hard copies or electronic copies via e-mail. Hard copies can be left downstairs at the front desk of our main office at 145 West 58th Street.

TELEPHONE: (212) 757-7500

FAX: (212) 581-9130

MEURICE EQUITY PARTNERS LLC

Name/Firm

REAL ESTATE OWNER -MANAGER

APPLICATION FOR OCCUP	ANCY			145 WEST 58TH STR NEW YORK, N.Y. 100			
Building Name/Address:			Apt. #:				
o. of Rooms: Monthly Rent:							
PERSONAL INFORMATION							
Name:	SSID#:	DOB:	US Citizen (circle	one): YES NO			
Phone #	Email address:						
			dress:				
none n	Waning Hadress						
RESIDENTIAL INFORMATION							
Present Address:	City:	State:	Zip:				
Phone #:	Rent: Own:	Length of Residence :	(YRS)				
Rent/Mortgage Payment:	Present Landlor	d or Mortgage Co:					
Phone #: Addres	SS:	Mortgage Acct #:					
Previous Address:	City:	State:	Zip:				
Previous Landlord:	Phone:	Term :	(YRS)				
EMPLOYMENT							
Employer:	Address:						
Supervisor:	Phone #:	D	ate of Hire:				
Annual Salary:	Position Held: _						
FINANCIAL INFORMATION							
Bank:	Phone #:	Address:					
Checking Acct#:	Savings Acct #:	Contact	:				
Bank (2):	Phone #:	Address:					
Checking Acct #:	Savings Acct #:	Contac	t:				
BUSINESS REFERENCES							
CPA Firm:	Contact:	Phone	#:				
aw Firm:	Contact:	Phone	#:				
OCCUPANTS:							
Adults: Chi	ildren: Pets:						
nformation requested of you. IN compliance acsimile copy of my signature and authorizat	e with the FCRA, I understand I may not viction will serve as an original. I agree that a	ew a copy of the report being furni Il the above information is true and	lords and mortgage institutions including Atta shed to the Landlord of Employer. I authoriz I that I am of legal age (18 years of age or ab- owner/employer has the sole right to accept of	te to all above that a photocopy or ove) to enter into this contract. I			
Signature of Applicant:		Date:					
How did you hear about us?	•						
Broker	Internet	Other					

Website

How?

TELEPHONE: (212) 757-7500

FAX: (212) 581-9130

MEURICE EQUITY PARTNERS LLC

Name/Firm

REAL ESTATE OWNER MANAGER

APPLICATION FOR GU	ARANTOR				W YORK, N.Y. 10	
Building Name/Address:			Apt. #:			
	of Rooms: Monthly Rent:					
PERSONAL INFORMAT	TION					
Name:	SSID#:	DOB: _		US Citizen (circle one):	YES NO	
Phone #	Email address:					
Relationship to the Applic	cant:					
RESIDENTIAL INFORMA						
Present Address:	City:	State:	Zip:			
Phone #:	Rent: Own: _	Length of Residen	ce :	(YRS)		
Rent/Mortgage Payment:	Present	Landlord or Mortgage Co:				
Phone #:	Address:	Mortga	ge Acct #:			
Previous Address:	City:	State:	Zip:		-	
Previous Landlord:	Phone:	Term	ı; <u></u>	(YRS)		
EMPLOYMENT						
Employer:	Addres	ss:				
Supervisor:	Phone ?	#:	Date of Hire:			
Annual Salary:	Position	n Held:				
FINANCIAL INFORMATIO	ON					
Bank:	Phone #:	Address:				
Checking Acct#:	Savings Acct #:	Co	ntact:			
Bank (2):	Phone #:	Address:				
Checking Acct #:	Savings Acct #:_	Cc	ontact:			
BUSINESS REFERENCES						
CPA Firm:	Contact:	Ph	one #:			
Law Firm:	Contact:	P	hone #:			
OCCUPANTS:						
Adults:	Children:	Pets:				
nformation requested of you. IN con facsimile copy of my signature and au	to conduct inquiries concerning my emp apliance with the FCRA, I understand I n thorization will serve as an original. I ag apartment under any other name and I ha lable.	nay not view a copy of the report being gree that all the above information is tru	furnished to the Lan e and that I am of le	ndlord of Employer. I authorize to all a egal age (18 years of age or above) to e	above that a photocopy or enter into this contract. I	
Signature of Applicant:		Date:				
How did you hear about	us?					
Broker	Internet	Other				

Website

How?