## 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.

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## **W&HM REALTY PARTNERS CO. LLC**

How did you hear about us?

Name/Firm

Internet

Website

Broker

REAL ESTATE -145 WEST 58<sup>TH</sup> STREET NEW YORK, N.Y. 10019 APPLICATION FOR OCCUPANCY Apt. #: Building Name/Address: Security Deposit: \_\_\_\_ No. of Rooms: Monthly Rent: PERSONAL INFORMATION Name: SSID#: DOB: US Citizen (circle one): YES NO Phone # Email address: Email address: In Case of Emergency Notify: Phone # Mailing address: RESIDENTIAL INFORMATION \_\_\_\_\_\_City: \_\_\_\_\_\_\_State: \_\_\_\_\_\_Zip: \_\_\_\_\_\_ Present Address: \_\_\_\_\_\_ Rent: \_\_\_\_\_\_ Own: \_\_\_\_\_ Length of Residence : \_\_\_\_\_\_ ( YRS) Rent/Mortgage Payment: Present Landlord or Mortgage Co: Mortgage Acct #: Address: Previous Address: \_\_\_\_\_City: \_\_\_\_\_\_State: \_\_\_\_\_Zip: \_\_\_\_\_ Previous Landlord: Phone: Term: (YRS) **EMPLOYMENT** Address: Employer: Supervisor: Phone #: Date of Hire: \_\_\_\_\_\_ Position Held: \_\_\_\_ Annual Salary: FINANCIAL INFORMATION Phone #: \_\_\_\_\_ Address: \_\_\_\_ Bank: Checking Acct#: Savings Acct #: Contact: Bank (2):\_\_\_\_\_\_ Phone #:\_\_\_\_\_ Address: \_\_\_\_\_ Checking Acct #: \_\_\_\_\_ Contact: \_\_\_\_\_ BUSINESS REFERENCES CPA Firm: Contact: Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: Law Firm: OCCUPANTS: Children: Pets: I authorize Henry Williams Co., Inc. . to conduct inquiries concerning my employment and income. References from landlords and mortgage institutions including Attorneys and CPA's to furnish all information requested of you. IN compliance with the FCRA, I understand I may not view a copy of the report being furnished to the Landlord of Employer. I authorize to all above that a photocopy or facsimile copy of my signature and authorization will serve as an original. I agree that all the above information is true and that I am of legal age (18 years of age or above) to enter into this contract. I further agree that I am not renting an apartment under any other name and I have never been dispossessed. I agree that the owner/employer has the sole right to accept or reject this application. I understand that all processing fees are non-refundable. Signature of Applicant: Date:

Other \_\_\_\_

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## **W&HM REALTY PARTNERS CO. LLC**

Name/Firm

REALESTATE - OWNER - MANAGER

145 WEST 58<sup>TH</sup> STREET NEW YORK, N.Y. 10019

APPLICATION FOR GUA	RANTOR					
Building Name/Address:			Apt. #:			
No. of Rooms:	Monthly Rent:			Security Deposit:		
PERSONAL INFORMATION	ON					
Name:	SSID#:	DOB:		_ US Citizen (circle one):	YES NO	
Phone #	Email address:					
Relationship to the Applica	nt:					
RESIDENTIAL INFORMATION	ON					
Present Address:	City:	State:	Zip:			
Phone #:	Rent: Own:	Length of Residence :		( YRS)		
Rent/Mortgage Payment:	Present Landlor	d or Mortgage Co:				
Phone #: Ac	ldress:	Mortgage A	.cct #:			
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	t:			
Bank (2):	Phone #:	Address:				
Checking Acct #:	Savings Acct #:	Contac	:t:			
BUSINESS REFERENCES						
CPA Firm:	Contact:	Phone	#:			
Law Firm:	Contact:	Phone	;#:			
OCCUPANTS:						
Adults:	Children: Pets:					
information requested of you. IN complifacsimile copy of my signature and author	conduct inquiries concerning my employment at fance with the FCRA, I understand I may not vie prization will serve as an original. I agree that al rtment under any other name and I have never be te.	w a copy of the report being furnish the above information is true and	shed to the Land I that I am of leg	llord of Employer. I authorize to all a al age (18 years of age or above) to en	above that a photocopy or inter into this contract. I	
Signature of Applicant:		Date:				
How did you hear about u	s?					
Broker	Internet	Other				

Website

How?