

WINDSOR APARTMENTS HOLDING CORPS.

The Argo Corporation
50 West 17th Street
New York, NY 10011

APARTMENT RENTAL APPLICATION

Date: _____

Applicant (1) Name: _____

Applicant (2) Name: _____

In an effort to maintain the quality of the life at the Windsor, the Board of Directors of Windsor Apartments Holding Corp. has established policies and procedures for consideration of the leasing of apartments in this cooperative.

Attached please find the Apartment Rental Application. **You MUST submit two (2) collated sets of the following documents, along with the appropriate fees to**

Leasing Department.

Fees Required Upon Submission of Application:

The Argo Corporation
50 West 17th Street
New York, NY 10011

- 1: Processing fee of \$.
(Above fee is **NON-REFUNDABLE**)
- 2: Application fee of \$150.00, payable to Windsor Apartments Holding Corp. (which will be **RETURN IN THE EVENT YOUR APPLICATION IS DENIED BY THE BOARD OF DIRECTORS**).
- 3: Refundable move/in deposit of \$250.00, payable to Windsor Apartments Inc. (which will be **RETURN IN THE EVENT YOUR APPLICATION IS DENIED BY THE BOARD OF DIRECTORS**).

Building Security Deposit is equivalent of two months of your monthly rent, and is due when signing the lease agreement.

PLEASE NOTE THAT AT THE TIME THE LEASE IS APPROVED, THE CORPORATION REQUIRES THAT YOU OBTAIN A RENTERS' INSURANCE POLICY, A COPY OF WHICH MUST BE FORWARDED TO THE MANAGEMENT OFFICE PRIOR TO OCCUPANCY OF THE APARTMENT.

WINDSOR HOLDING APARTMENTS CORPORATION

RENTAL APPLICATION

PLEASE ANSWER ALL QUESTIONS

Apt being applied for _____ Building _____ Rent _____

Proposed occupancy date _____

PRIMARY APPLICANT'S INFORMATION

NAME: _____ SSN: _____

HOME TEL. # _____ WORK TEL. # _____

CURRENT ADDRESS: _____

HOW LONG: _____

REASON FOR RELOCATION: _____

CURRENT LANDLORD'S NAME: _____

CURRENT LANDLORD'S HOME & WORK # _____

LIST ALL ADDRESSED IN PAST FIVE (5) YEARS, WITH AGENT'S NAME & TELEPHONE NUMBER, AND LENGTH OF TIME:

DRIVER'S LIC. #: _____ STATE: _____ EXP DATE: _____

EMPLOYER: _____ TYPE OF JOB: _____

ADDRESS: _____ TEL #: _____

SUPERVISOR'S NAME: _____

EMPLOYED FROM _____ CURRENT SALARY \$ _____

IF LESS THAN 5 YEARS, COMPLETE :

PREVIOUS EMP #1: _____ TYPE OF JOB: _____

SUPERVISOR'S NAME: _____ TELEPHONE #: _____

EMPLOYED FROM: _____ TO: _____

PREVIOUS EMP #2: _____ TYPE OF JOB: _____

SUPERVISOR'S NAME: _____ TELEPHONE #: _____

EMPLOYED FROM: _____ TO: _____

CREDIT INFORMATION

BANK NAME (CHECKING): _____

ACCOUNT # _____

BRANCH TELEPHONE # _____ BRANCH LOCATION: _____

SAVING # _____ OTHER # _____

BRANCH NAME/TELEPHONE/LOCATION IF DIFFERENT THAN ABOVE: _____

CREDIT CARD INFORMATION:

_____ ACCT # _____

_____ ACCT # _____

_____ ACCT # _____

CO- APPLICANT'S INFORMATION

NAME: _____ SSN: _____

HOME TEL. # _____ WORK TEL. # _____

CURRENT ADDRESS: _____

_____ HOW LONG: _____

IF SAME AS PRIMARY APPLICANT, WRITE "SAME".

REASON FOR RELOCATION: _____

CURRENT LANDLORD'S NAME: _____

CURRENT LANDLORD'S HOME & WORK # _____

LIST ALL ADDRESSED IN PAST FIVE (5) YEARS, WITH AGENT'S NAME &
TELEPHONE NUMBER, AND LENGTH OF TIME:

DRIVER'S LIC. #: _____ STATE: _____ EXP DATE: _____

EMPLOYER: _____ TYPE OF JOB: _____

ADDRESS: _____ TEL #: _____

SUPERVISOR'S NAME: _____

EMPLOYED FROM _____ CURRENT SALARY \$ _____

IF LESS THAN 5 YEARS, COMPLETE :

PREVIOUS EMP #1: _____ TYPE OF JOB: _____

SUPERVISOR'S NAME: _____ TELEPHONE #: _____

EMPLOYED FROM: _____ TO: _____

PREVIOUS EMP #2: _____ TYPE OF JOB: _____

SUPERVISOR'S NAME: _____ TELEPHONE #: _____

EMPLOYED FROM: _____ TO: _____

CO-APPLICANT'S CREDIT INFORMATION

BANK NAME (CHECKING): _____

ACCOUNT # _____

BRANCH TELEPHONE # _____ BRANCH LOCATION: _____

SAVING # _____ OTHER # _____

BRANCH NAME/TELEPHONE/LOCATION IF DIFFERENT THAN ABOVE: _____

CO-APPLICANT'S CREDIT CARD INFORMATION:

_____ ACCT # _____

_____ ACCT # _____

_____ ACCT # _____

APPLICANT / CO-APPLICANT

LIST ALL OTHER OCCUPANTS FOR THIS APARTMENT

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

PERSONAL REFERENCES (OTHER THAN RELATIVES)

NAME _____ TELEPHONE _____

ADDRESS: _____

NAME _____ TELEPHONE _____

ADDRESS: _____

NAME _____ TELEPHONE _____

ADDRESS: _____

VEHICLE INFORMATION

VEHICLE #1

VEHICLE #2

YEAR/MODEL _____

YEAR/MODEL _____

LIC PLATE # _____

LIC PLATE # _____

STATE REGISTERED _____

STATE REGISTERED _____

INSURANCE AGENT _____

INSURANCE AGENT _____

POLICY NUMBER _____

POLICY NUMBER _____

GARAGE NEEDED? _____

GARAGE NEEDED? _____

HAVE YOU EVER FILED BANKRUPTCY? YES NO

HAVE YOU EVER REFUSED TO PAY RENT? YES NO

HAVE YOU EVER BEEN IN THE LANDLORD/TENANT COURT AS A PLAINTIFF OR AS A DEFENDANT? YES NO

PLAN TO CONDUCT ANY BUSINESS FROM YOUR APARTMENT? YES NO

IF YOU ANSWERED "YES", PLEASE EXPLAIN IN DETAIL. IF FILED FOR BANKRUPTCY, ALSO PROVIDE COUNTY/STATE FILED, ATTORNEY'S NAME/PHONE NUMBER. USE SEPARATE PAGE IF NECESSARY.

Four horizontal lines for providing details for the "YES" answers.

I (WE) HEREBY, GRANTS PERMISSION TO THE OWNER (MANAGING AGENT, WINDSOR HOLDING APARTMENTS) TO INVESTIGATE THE FACTS, INCLUDING, BUT NOT LIMITED TO A CREDIT CHECK. FURTHER, I (WE) UNDERSTANDS THAT PROVIDING FALSE INFORMATION MAY RESULT IN THE REJECTION OF THIS APPLICATION, AND THAT THE BOARD OF DIRECTORS OF THE WINDSOR APARTMENTS INC. AND/OR INTERVIEW COMMITTEE RESERVES RIGHT TO REJECT THIS APPLICATION WITH OR WITHOUT ANY CAUSE.

I (WE) UNDERSTANDS THAT THE LANDLORD/MANAGING AGENT MAY REQUEST ADDITIONAL INFORMATION (BEFORE OR AFTER INTERVIEW), AND FAILURE TO PROVIDE ADDITIONAL INFORMATION AS REQUESTED CAN RESULT IN DENIAL OF THIS APPLICATION.

APPLICANT (1) NAME (PRINT)

APPLICANT (2) NAME (PRINT)

APPLICANT (1) SIGNATURE

APPLICANT (2) SIGNATURE

DATE

DATE

CREDIT REPORT AUTHORIZATION

The Argo Corporation

I/We hereby authorize The Argo Corporation and/or its agents to obtain credit reports (either directly or through a credit reporting agency), Housing Court Records, Criminal Background Checks and whatever else The Argo Corporation and/or its agents deem necessary in connection with my application for an apartment and from time to time in the event I/We are in default or otherwise. I/We further consent and authorize The Argo Corporation and/or its agents to furnish this information to the Board of Directors, and/or its agents of the cooperative building or condominium to which I/We have applied, or to the Landlord of the rental apartment and his/her agents. I/We agree to hold The Argo Corporation and its agents and affiliates harmless from and against any claims that may arise as a result of any investigation conducted pursuant hereto.

Authorization for Electronic Debit:

You are hereby on notice that all checks submitted to this office can be processed electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution. By submitting a check for payment, you are authorizing us to initiate an electronic debit from your bank or asset account as early as the same day the check is received in our office. Please note that you will not receive a cancelled check with your bank or asset account statement with respect to any checks processed electronically, but such amounts will appear as debits on the statement issued by your bank or asset account.

Applicant's name (print)

Applicant's signature

Social Security #

Telephone #

Current Address

City/State/Zip

Co-applicant's name (print)

Co-applicant's signature

Social Security #

Telephone #

Current Address

City/State/Zip

Guarantor's name (print)

Guarantor's signature

Social Security #

Telephone #

Current Address

City/State/Zip

INSERT
INCOME VERIFICATION LETTER FROM
EMPLOYER & TWO RECENT PAYSTUBS
FOR ALL APPLICANTS

(VERIFICATION MUST BE PROVIDED ON COMPANY LETTERHEAD AND MUST
INDICATE ANNUAL SALARY & DATE OF EMPLOYMENT)

MOVE-IN/MOVE-OUT AGREEMENT

Windsor Apartments, Inc.

The Argo Corporation
50 West 17th Street
New York, NY 10011

The undersigned hereby agree to comply with the provisions of the Rules and Regulations of the Windsor Apartments, Inc. in the delivery (Move-In) or the removal (Move-Out) of furniture, furnishings, and personal property from the apartment identified below. In addition, the undersigned agrees to the following policy and procedures established by the Board of Directors:

1. The payment of the following fees at the time of scheduling and in advance of the Move-In:
 - a. By certified check, bank, check or money order, the amount of Two Hundred Fifty (\$250.00) Dollars, payable to Windsor Apartments, Inc., as a Security Deposit, which shall be refunded to the under signed, subject to the condition as hereafter provided.
 - b. By certified check, bank check or money order, the amount of Two Hundred Fifty (\$250.00) Dollars, by the seller, payable to Windsor Apartments, Inc. as a Security Deposit for Move-Out, which shall be refunded after final inspection by the Superintendent/Management that no damage has occurred during the move.

2. The date of the Move-In or Move-Out from the apartment must be scheduled with the Superintendent's Office 718-601 1070 one week in advance. It is understood that the total amount of the Security Deposit shall be forfeited if the resident fails to do the following:
 - a. Schedule the Move-In or Move-Out of property with the Superintendent's Office (or arranges for the delivery or removal of property from the apartment at other than the time scheduled.
 - b. Have the Approval-Inspection letter Signed by the Superintendent on the scheduled day of Move-In/Move-Out, and return such signed Approval-Inspection letter to the Management Office
The Argo Corporation
50 West 17th Street
New York, NY 10011
 - c. Moving in/out of the building must be done on weekdays ONLY between the hours of 9:00 a.m. and 4:30 p.m. ALL MOVES MUST BE COMPLETED BY 5:00 P.M. NO EXCEPTION WILL BE MADE.

3. Any carrier engaged for the delivery or removal of property shall be advised to comply with the instructions of the Building Staff assigned for the monitoring and supervision of the Move-In or Move-Out.
4. In addition, a Certificate of Insurance from your moving company for Workmen's Compensation and Public Liability Insurance in the amount of \$500,000 property damage and \$500,000/\$1,000,000 bodily injury must be provided to the Managing Agent. The certificate must name Windsor Apartments, Inc. and The Argo Corporation as Additional Insured. Upon submission of this certificate, building superintendent will advise the moving company with proper service entrance for move in/out.
5. The undersigned shall be responsible for damages caused in the common elements of the Windsor Apartments, Inc.. during the process of the Move-In or Move-Out.
6. The cost for repairs and replacements for damages to the common elements caused by and during the Move-In or Move-Out shall be deducted from the amount of the Security Deposit. The amount of the cost for any repairs and replacements resulting from the damages attributed to the Move-In or Move-Out from the apartment shall be the sole determination of the Managing Agent which shall be based upon prevailing costs for similar repairs and replacements.
7. It is understood that the Windsor Apartments, Inc., shall return to the undersigned the full amount of the Security Deposit within thirty (30) days of the date of the Move, or the net amount of the Security Deposit after deducting the amount of the cost of repairs and replacements, if any, within thirty (30) days after the date of determination of the cost thereof. In the event of a Move-Out the refund should be sent to the forwarding address indicated below.
8. It is further understood that the amount due or payable to the undersigned from the SECURITY DEPOSIT may not be assigned to another party.

AGREED:

DATE OF MOVE: _____

Applicant's Signature: _____ Apt. No.: _____

Co Applicant's Signature: _____ Date: _____

ACKNOWLEDGMENT OF HOUSE RULES

The Argo Corporation
50 West 17th Street
New York, NY 10011

Windsor Apartments, Inc.
4705/4901 Henry Hudson Pkwy
Riderdale, New York 10471

By signing below, I (we) acknowledge receipt of the Windsor Apartments, Inc.. House Rules and also acknowledges and accepts the policy of **NO DOGS ALLOWED** at the Windsor Apartments.

Bldg/Apt. No.: _____

Applicant's Name: _____

Applicant's Signature: _____

Co Applicant's Name: _____

Co Applicant's Signature: _____

Date: _____

PRE-QUALIFICATION WORK SHEET

#1:	Your monthly GROSS income:	\$ _____.
#2:	Monthly Rent:	\$ _____.
#3:	Minimum total monthly credit card payments:	\$ _____.
#4:	Monthly car payment:	\$ _____.
#5:	Monthly Student Loan Payment:	\$ _____.
#6:	Other monthly loan payment, if any:	\$ _____.
#7:	Other monthly loan payment:	\$ _____.
#8:	Add line 2 through 7	\$ _____.
#9:	Divide line 8 by line 1:	_____ %

Line #9 is your debt ratio.

Your debt ratio must be 35% or BELOW.