

MANHATTAN SKYLINE MANAGEMENT CORP.

103 WEST 55TH STREET
 NEW YORK, NEW YORK 10019
 212-977-4813.PHONE 212-977-4365.FAX

RESIDENTIAL RENTAL APPLICATION

BUILDING ADDRESS _____ DESIRED APT. _____

ON-SITE AGENT NAME _____

PHONE _____

FAX _____

TO THE APPLICANT: We sincerely thank you for your application. Please help us process this application by clearly completing all the required information and RETURNING IT TO THE ON SITE AGENT.

| |
|--|
| DATE OF APPLICATION _____ |
| PROPERTY OWNER _____ |
| LEASE TERM: FROM _____ TO _____ RENTAL RATE \$ _____ |
| DESIRED MOVE IN DATE _____ |

PERSONAL INFORMATION

| APPLICANT | CO-APPLICANT |
|----------------|----------------|
| Full Name | Full Name |
| Soc. Sec. # | Soc. Sec. # |
| Marital Status | Marital Status |
| Date of Birth | Date of Birth |

| Proposed occupants including children | Relationship and Age |
|---------------------------------------|----------------------|
| | |
| | |
| | |
| | |
| | |

Application Residence History

Present Address _____ Apt.# _____ City _____ State _____ Zip _____
 Home Tel. () _____ Date: From _____ To _____ Monthly Rent \$ _____
 Present Landlord or Mortgage Holder's Name _____
 Landlord's Tel. () _____ Reason for moving _____
 Previous Address _____ Apt.# _____ City _____ State _____ Zip _____
 Monthly Rent \$ _____ Previous Landlord or Mortgage Holder's Name _____
 Previous Landlord's Tel. () _____ Reason for moving _____
 Length of time at previous address _____ Had Landlord ever sued for non-payment or repossession? Yes No

Application Banking and Credit Reference

Bank (I) _____ Branch Address _____
 Account No. _____ Checking Savings Loan
 Bank (II) _____ Branch Address _____
 Account No. _____ Checking Savings Loan
 Attorney _____ Address _____ Tel. () _____
 Accountant _____ Address _____ Tel. () _____
 Credit Reference _____ Address _____ Account No. _____

Application Employment

Present Status: Employed Full Time Part Time Unemployed Retired Student
 Present Employer _____ Address _____ City _____ State _____ Zip _____
 Tel. () _____ Supervisor _____ Position _____ Annual Salary \$ _____
 Employment Date: From _____ To _____
 Previous Employer _____ Address _____ City _____ State _____ Zip _____
 Tel. () _____ Supervisor _____ Position _____ Annual Salary \$ _____
 Employment Date: From _____ To _____
 Other Income \$ _____ Source _____
 (Alimony, Assets, Child Support, Social Security, Unemployment, Veteran's Supplement, etc.)

Additional Information

Number of Vehicles (Including Company Cars)
 Make/Model _____ Year _____ Color _____ Tag Number _____ State _____
 Make/Model _____ Year _____ Color _____ Tag Number _____ State _____
 Driver's License Number _____ State _____
 Do You Own Furniture? _____ Pets? _____

Personal References

Name _____ Relationship _____ Address _____ Tel. () _____
 Name _____ Relationship _____ Address _____ Tel. () _____

In Case of Emergency Notify

Name _____ Relationship _____ Address _____ Tel. () _____
 Name _____ Relationship _____ Address _____ Tel. () _____

PLEASE TELL US OTHER INFORMATION ABOUT YOURSELF THAT MIGHT HELP US EVALUATE YOUR APPLICATION.

Authorization

PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby warrant that all my representations set forth are true. I further represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed. I do hereby certify that I am over 18 years of age.

The Landlord will in no event be bound, nor will possession be given unless and until lease executed by the Landlord shall have been mailed or delivered to Tenant. The application and his references must be satisfactory to the Landlord. Any agent and/or any party connected with its business organization shall in no event be liable as respects any matter concerning this Application or concerning any act of the Landlord or failure to act on the part of the Landlord in connection with this Application or in connection with any lease or leases contemplated herein. No representation or agreements by salesmen, brokers or other are to be binding on the Landlord or on Any Agent unless included in the written lease proposed to be executed. The truth of the information contained herein is essential and if the aforementioned property deems any answer or statement herein to be false or misleading, it shall be considered that any lease granted by virtue of this application may be cancelled at their option.

In accordance with the TENANT FAIR CHANCE ACT, please be advised that the information provided by you in this application will be used to obtain a tenant screening report from: Tenant Alert, 11693 San Vicente Blvd. #165, Los Angeles, CA 90049, 866-272-8400. Consumers are entitled to one free tenant screening report from each consumer reporting agency annually by going on the internet to the website <http://www.annualcreditreport.com>. Consumers may dispute inaccurate or incorrect information contained in their report directly with the consumer reporting agency.

I/We hereby authorize Manhattan Skyline Mgt. Corp./_____ to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references here listed or statements or other data obtained from me or from any other person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the owner/agent listed above in support of this application. I have been advised that I have the right, under Section 606B of the Fair Credit Reporting Act, to make a written request, within a reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation. There is a non-refundable fee of \$_____ for each credit report payable in advance. One report is required for each applicant.

A MINIMUM ONE MONTH'S RENT ADMINISTRATIVE FEE WILL BE CHARGED IF APPLICATION IS CANCELLED BY APPLICANT OR APPLICANT FAILS TO PROVIDE REQUESTED INFORMATION IN CONNECTION WITH THIS APPLICATION WITH 24 HOURS OF REQUEST.

Signature of Applicant: _____ Date: _____

Signature of Spouse/Co-Applicant _____ Date: _____

Information taken by: _____

I heard about this building through:

Brokerage Company: _____ (the "Broker")

Agent: _____

Newspaper: _____

Other: _____

- I have have not) paid a fee for the apartment.
- I have paid _____ (the "Broker") a fee for obtaining this apartment.

Co-Applicant Residence History

Present Address _____ Apt.# _____ City _____ State _____ Zip _____
 Home Tel. () _____ Date: From _____ To _____ Monthly Rent \$ _____
 Present Landlord or Mortgage Holder's Name _____
 Landlord's Tel. () _____ Reason for moving _____
 Previous Address _____ Apt.# _____ City _____ State _____ Zip _____
 Monthly Rent \$ _____ Previous Landlord or Mortgage Holder's Name _____
 Previous Landlord's Tel. () _____ Reason for moving _____
 Length of time at previous address _____ Had Landlord ever sued for non-payment or repossession? Yes No

Co-Applicant Banking and Credit Reference

Bank (I) _____ Branch Address _____
 Account No. _____ Checking Savings Loan
 Bank (II) _____ Branch Address _____
 Account No. _____ Checking Savings Loan
 Attorney _____ Address _____ Tel. () _____
 Accountant _____ Address _____ Tel. () _____
 Credit Reference _____ Address _____ Account No. _____

Co-Applicant Employment

Present Status: Employed Full Time Part Time Unemployed Retired Student
 Present Employer _____ Address _____ City _____ State _____ Zip _____
 Tel. () _____ Supervisor _____ Position _____ Annual Salary \$ _____
 Employment Date: From _____ To _____
 Previous Employer _____ Address _____ City _____ State _____ Zip _____
 Tel. () _____ Supervisor _____ Position _____ Annual Salary \$ _____
 Employment Date: From _____ To _____
 Other Income \$ _____ Source _____
 (Alimony, Assets, Child Support, Social Security, Unemployment, Veteran's Supplement, etc.)

Co-Additional Information

Number of Vehicles (Including Company Cars)
 Make/Model _____ Year _____ Color _____ Tag Number _____ State _____
 Make/Model _____ Year _____ Color _____ Tag Number _____ State _____
 Drivers's License Number _____ State _____
 Do You Own Furniture? _____ Pets? _____

Co-Personal References

Name _____ Relationship _____ Address _____ Tel. () _____
 Name _____ Relationship _____ Address _____ Tel. () _____

Co-In Case of Emergency Notify

Name _____ Relationship _____ Address _____ Tel. () _____
 Name _____ Relationship _____ Address _____ Tel. () _____

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