



# HEIGHTS REAL ESTATE - YOHO ARTIST LOFT APPLICATION

369 east 62nd street • New York, N.Y 10021-7755 • 212.317.1423

How Did You Hear about this Loft? \_\_\_\_\_

Rental Agent: \_\_\_\_\_

Application For Property Address: \_\_\_\_\_ Unit#: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ # Occupants: \_\_\_\_\_ Application Fee: \$ 50.00 \_\_\_\_\_ Please fax COMPLETED application to (212) 217-1196. List ALL Occupant names

## MAIN APPLICANT

TOTAL

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_

## CO-APPLICANT

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_

## CONTACT

Home #: \_\_\_\_\_ Work \_\_\_\_\_ Ext: \_\_\_\_\_  
 Cellular# \_\_\_\_\_ Personal E-Mail \_\_\_\_\_  
 Beeper#: \_\_\_\_\_ Work E-Mail: \_\_\_\_\_

Home #: \_\_\_\_\_ Work \_\_\_\_\_ Ext: \_\_\_\_\_  
 Cellular# \_\_\_\_\_ Personal E-Mail \_\_\_\_\_  
 Beeper#: \_\_\_\_\_ Work E-Mail: \_\_\_\_\_

## EMPLOYMENT HISTORY

Company Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Employment Start Date: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Supervisor Tel #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Employment Start Date: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Supervisor Tel #: \_\_\_\_\_

## CURRENT RESIDENCE

Address, \_\_\_\_\_ Do you Own/Rent?   
 City, State, Zip: \_\_\_\_\_  
 Landlord Name: \_\_\_\_\_ Landlord Tel #: \_\_\_\_\_  
 Dates Lived There: \_\_\_\_\_ To \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Address, Apt: \_\_\_\_\_ Do you Own/Rent?   
 City, State, Zip: \_\_\_\_\_  
 Landlord Name: \_\_\_\_\_ Landlord Tel #: \_\_\_\_\_  
 Dates Lived There: \_\_\_\_\_ To \_\_\_\_\_ Monthly Rent \_\_\_\_\_

## COMPANY INFORMATION

Legal Name _____ DBA _____ Address, Unit _____ City, State, Zip: _____ Landlord Name: _____ Date Entity Create _____ Tax ID#: _____ <input type="checkbox"/> Entity Formation Papers attached (Cert of inc, etc)	<b>Officers Names and Positions (List All)</b> Entity Type: _____ Name: _____ Position: _____ Yrs w/Co: _____ Name: _____ Position: _____ Yrs w/Co: _____ Name: _____ Position: _____ Yrs w/Co: _____ Name: _____ Position: _____ Yrs w/Co: _____ Name: _____ Position: _____ Yrs w/Co: _____
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## DOCUMENTS TO BE SUBMITTED WITH APPLICATION (please check off all documents submitted with this application)

- Income Tax Returns - 3 Years  
 Bank Statements (3 months) for Personal and Business  
 Driver's License, Social Security Card and W2  
 Personal Financial Statem

I hereby authorize The Heights Real Estate Company and a credit reporting agency to conduct inquiries concerning my income residences, family composition, businesses and character for the purpose of verifying information provided by me on my commercial rental application to the above named building. I understand that a full disclosure of pertinent facts may be made to the landlord and any misrepresentation by me may be cause for rejection by the Landlord. I, Tenant/ Applicant understand and agree that the fee paid is non refundable should I be rejected and that I have no recourse whatsoever agains the managing agent or the Landlord. A certificate of insurance must be produced by lease signing. Applicant to pay for all lease closing costs and out of pocket costs. No application is finalized until the lease is signed nor does submission of application guarantee the applicant for the space until lease is signed. Please note that City Parking permit (\$40.00/mo) is additional and must be applied for separately at time of lease signing. This figure is subject to the policy of the Yonkers Parking Authority and may change without notice.

Applicant Signature: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Artist Data Form**

**(Please fill this form out and we will reach out to you if additional information is required.)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Art College: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Artists Website or link to Portfolio: \_\_\_\_\_

Neighborhood: \_\_\_\_\_

Local Newspapers: \_\_\_\_\_

Artist Professional Career: (or Attach Resume).

Type of Art: \_\_\_\_\_

Medium: \_\_\_\_\_

Current Studio Address: \_\_\_\_\_

Prior Studio Address: \_\_\_\_\_

How did you find our studio? \_\_\_\_\_

Represented by Gallery? (circle option) ( **yes** **no** )

(If Yes) Gallery Name: \_\_\_\_\_

Shows participated in:

Start Date	End Date	City	Gallery Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please email to [marketing@heightsre.com](mailto:marketing@heightsre.com) the following information. We will create a unique artist profile page for you on our site as a serve to you. Please like us on Facebook!**

A: A High Quality Picture of yourself.

B: 5 Images of Art Work.

C: Artist Statement or Bio and Resume