



HEIGHTS REAL ESTATE - CIGAR FACTORY ARTIST STUDIO 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: _____

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 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

<p>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)</p>	<p>Officers Names and Positions (List All)</p> <p>Entity Type: _____</p> <p>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: _____</p>
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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 against 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.

Applicant Signature: _____ Co-Applicant Signature: _____ Date: _____