

**THE GENTRY TENANTS CORP.  
SUBLEASE APPLICATION  
c/o WHITE MANAGEMENT  
119 MONTGOMERY AVENUE  
SCARSDALE, NY 10583  
914-874-5424**

**SUBLET APPLICATION REQUIREMENTS**

**THE ADMISSIONS COMMITTEE WILL CONSIDER REVIEW OF A SUBLET APPLICATION ONLY WHEN ALL THE APPLICATION FORMS AND ALL SUPPORTING DOCUMENTS HAVE BEEN COMPLETED AND GATHERED AS SPECIFIED. ADDITIONALLY, DURING THE PROCESS OF ADMISSION, THE ADMISSIONS COMMITTEE MAY REQUEST ADDITIONAL SUPPORTING DOCUMENTS FROM A PROSPECTIVE SUB-LESSEE TO COMPLETE THE EVALUATION PROCESS AND WILL REQUIRE A PERSONAL INTERVIEW WITH THE PROSPECTIVE SUB-TENANT.**

**IT IS THE RESPONSIBILITY OF THE PROSPECTIVE SUB-LESSEE TO GATHER ALL SUPPORTING DOCUMENTS AND TO SUPPLY ALL PAPERS INCLUDING THE APPLICATION FORMS IN COLLATED SETS TO WHITE MANAGEMENT FOR SUBMISSION TO THE ADMISSIONS COMMITTEE.**

**COMPLETE SUBLET APPLICATION**

- 1. COMPLETED SUBLEASE AGREEMENT AND RIDER**
- 2. COMPLETED APPLICATION INFORMATION AND CREDIT AUTHORIZATION/EMPLOYMENT RELEASE FORMS WITH COPIES OF THE FOLLOWING SUPPORTING DOCUMENTS:**
  - A. LETTERS OF REFERENCE:**
    - 1) LETTER FROM PRESENT LANDLORD TO ESTABLISH CURRENT RESIDENCE. IF HOMEOWNER, THIS DOES NOT APPLY.**
    - 2) LETTER FROM EMPLOYER(S) STATING ANNUAL SALARY.**
    - 3) TWO PERSONAL REFERENCE LETTERS.**
  - B. SUBMISSIONS OF THE PREVIOUS TWO YEARS' FEDERAL INCOME TAX RETURN, INCLUDING ALL SUPPORTING FORMS, E.G., IRS W-2 FORMS AND COPY OF MOST RECENT PAY STUB.**
  - C. LETTER FROM BANK(S) STATING TYPE OF ACCOUNT AND AMOUNT ON DEPOSIT.**
  - D. COPY OF LICENSE AND SOCIAL SECURITY CARD**
- 3. A CHECK IN THE AMOUNT OF \$400.00 PAYABLE TO WHITE MANAGEMENT INC., AS APPLICATION AND PROCESSING FEE.**
- 4. A CHECK IN THE AMOUNT OF \$400, PAYABLE TO THE GENTRY TENANTS. CORP. AS A REFUNDABLE MOVE-IN DEPOSIT.**
- 5. LEAD PAINT DISCLOSURE PACKET FILLED OUT AND NOTARIZED.**
- 6. HOUSE RULES ACKNOWLEDGEMENT AND NO DOGS AFFIDAVIT.**

**NOTE: THERE IS A SUBLET FEE EQUAL TO ONE MONTH'S MAINTENANCE FEE. THIS FEE IS PAYABLE BY THE OWNER IN 12 EQUAL MONTHLY INCREMENTS UPON ACCEPTANCE OF THE SUBTENANT.**

# SUBLEASE APPLICATION

|   |                            |
|---|----------------------------|
| DATE:   | APPLICANT(S) TELEPHONE NO: |
| APPLICANT NAME(S):  |                            |
| SHAREHOLDER'S NAME, ADDRESS & APT. NO.:   |                            |
| APPLICANT SOCIAL SECURITY NO:   |                            |
| DATE OF BIRTH:  |                            |
| CURRENT ADDRESS:  |                            |
| CHECK ONE: RENT <input type="checkbox"/> HOME <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER <input type="checkbox"/> EXPLAIN: |                            |
| IF RENTING, NAME & ADDRESS OF PRESENT LANDLORD/MANAGING AGENT & DAYTIME TELEPHONE NUMBER:   |                            |
| NO. OF ROOMS:   | MONTHLY CHARGES:           |
| YEARS AT PRESENT ADDRESS & REASON FOR LEAVING:  |                            |
| IF LESS THAN 3 YEARS AT PRESENT ADDRESS, GIVE FORMER ADDRESS  |                            |
| DATE PROPOSED SUBLEASE TERM TO BEGIN:   |                            |
| DATE INITIAL SUBLEASE TERM TO END:  |                            |
| TOTAL MONTHLY RENT:   |                            |

**IMPORTANT NOTE:** THE CORPORATION WILL NOT APPROVE ANY INITIAL TERM SHORTER THAN **6 MONTHS** OR LONGER THAN **1 YEAR**. EVERY SUBSEQUENT RENEWAL WILL REQUIRE A NEW APPLICATION. DO NOT ASSUME THAT PERMISSION FOR RENEWAL WILL BE GRANTED AUTOMATICALLY.

CO-APPLICANT SOCIAL SECURITY NO:

DATE OF BIRTH:

CURRENT ADDRESS:

CHECK ONE: RENT  HOME  OWNER  OTHER  EXPLAIN:

IF RENTING, NAME & ADDRESS OF PRESENT LANDLORD/MANAGING AGENT & DAYTIME TELEPHONE NUMBER:

NO. OF ROOMS: MONTHLY CHARGES:

YEARS AT PRESENT ADDRESS:

IF LESS THAN 3 YEARS AT PRESENT ADDRESS, GIVE FORMER ADDRESS

DO YOU DESIRE A PARKING SPACE: NO. OF SPACES DESIRED:

NUMBER OF PERSONS TO RESIDE IN APARTMENT:

| NAME | RELATIONSHIP | SEX | BIRTHDATE |
|------|--------------|-----|-----------|
|      |              |     |           |
|      |              |     |           |
|      |              |     |           |
|      |              |     |           |

| GROSS MONTHLY INCOME |           |              |       |
|----------------------|-----------|--------------|-------|
| ITEM                 | PURCHASER | CO-PURCHASER | TOTAL |
| BASE EMPL. INCOME    |           |              |       |
| OVERTIME             |           |              |       |
| BONUSES              |           |              |       |
| COMMISSIONS          |           |              |       |
| DIVIDENDS/INTEREST   |           |              |       |
| OTHER INCOME         |           |              |       |
| GRAND TOTAL          |           |              |       |

| ASSETS   | CASH OR MARKET VALUE |
|--|----------------------|
| CHECKING & SAVINGS ACCOUNTS (LIST NAMES OF INSTITUTIONS & ACCOUNT NUMBERS) | \$<br>\$<br>\$       |

| LIABILITIES & PLEDGED ASSETS   | UNPAID BALANCE |
|--|----------------|
| CREDITORS NAMES, ADDRESSES & ACCT NOS. (USE SEPARATE SHEET, IF NEC.) | \$             |

| APPLICANT'S EMPLOYMENT INFORMATION |         |  |
|------------------------------------|---------|--|
| 1. CURRENT EMPLOYER:               |         |  |
| TELEPHONE NUMBER:                  |         |  |
| ADDRESS:                           |         |  |
| POSITION:                          |         |  |
| # OF YEARS EMPLOYED:               | SALARY: |  |

|                       |         |  |
|-----------------------|---------|--|
| 1. PREVIOUS EMPLOYER: |         |  |
| TELEPHONE NUMBER:     |         |  |
| ADDRESS:              |         |  |
| POSITION:             |         |  |
| # OF YEARS EMPLOYED:  | SALARY: |  |

| CO-APPLICANT'S EMPLOYMENT INFORMATION |         |  |
|---------------------------------------|---------|--|
| 1. CURRENT EMPLOYER:                  |         |  |
| TELEPHONE NUMBER:                     |         |  |
| ADDRESS:                              |         |  |
| POSITION:                             |         |  |
| # OF YEARS EMPLOYED:                  | SALARY: |  |

|                              |         |  |
|------------------------------|---------|--|
| <b>1. PREVIOUS EMPLOYER:</b> |         |  |
| TELEPHONE NUMBER:            |         |  |
| ADDRESS:                     |         |  |
| POSITION:                    |         |  |
| # OF YEARS EMPLOYED:         | SALARY: |  |

I (WE) HEREBY CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION HAVE BEEN EXAMINED AND TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF ARE TRUE, CORRECT AND COMPLETE. I (WE) HAVE NO OBJECTION TO INQUIRIES TO ANY PERSON OR INSTITUTION BEING MADE FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED. I (WE) UNDERSTAND THAT THE FILING OF THIS APPLICATION DOES NOT IN ANY WAY BIND THE COOPERATIVE COOPERATION TO CONSENT TO THE ASSIGNMENT OF THIS APARTMENT TO ME. I (WE) UNDERSTAND AND ACCEPT THAT THE PROPERTY HAS THE RIGHT TO RELY ON INFORMATION GIVEN HEREIN, AND IN THE EVENT THAT INQUIRIES PROVE ANY STATEMENT FALSE, MAY REJECT THIS APPLICATION; OR IF CONTRACT HAS BEEN EXECUTED, MAY TERMINATE SAME AS IF BREACH OF CONTRACT HAS OCCURRED. I (WE) HAVE RECEIVED AND REVIEWED COPIES OF THE HOUSE RULES AND ACCEPT THEM AS OBLIGATIONS OF RESIDENCE. I (WE) UNDERSTAND THAT ALL CHARGES FOR CREDIT CHECKS ARE THE RESPONSIBILITY OF THE RENTER, AND I (WE) AUTHORIZE THE RELEASE OF EMPLOYMENT, INCOME, BANKING, AND FINANCIAL INFORMATION TO THE GENTRY TENANTS CORP. AND THE CREDIT BUREAU.

|                       |      |                         |
|-----------------------|------|-------------------------|
| SUBLETEES'S SIGNATURE | DATE | CO-SUBLETEE'S SIGNATURE |
|-----------------------|------|-------------------------|

**MOVE IN/MOVE OUT POLICY**

A MOVE IN/MOVE OUT DEPOSIT OF \$500.00 IS REQUIRED. THIS FEE WILL BE RETURNED ONLY IF THE FOLLOWING RULES ARE ADHERED TO:

1. YOU MUST GIVE THE BUILDING SUPERINTENDENT SEVEN (7) DAYS PRIOR NOTICE OF THE IMPENDING MOVE. THE CHECK FOR \$500 MUST BE GIVEN TO THE SUPER, OR MANAGEMENT AT LEAST SEVEN (7) DAYS PRIOR TO THE MOVE.
2. YOU MAY ONLY MOVE IN OR MOVE OUT MONDAY THROUGH SATURDAY BETWEEN THE HOURS OF 9:00 A.M. AND 4:00 P.M. NO MOVES ARE TO TAKE PLACE ON ANY HOLIDAY. YOUR MOVE MUST BE COMPLETED BY 5:00 P.M.
3. ALL MOVE-INS AND MOVE-OUTS MUST BE COMPLETED THROUGH THE SERVICE ENTRANCE OF THE BUILDING. NO ONE WILL BE ALLOWED TO MOVE IN OR MOVE OUT THROUGH THE FRONT DOOR OF EITHER BUILDING.
4. THE SUPERINTENDENT OR THE MANAGING AGENT WILL REVIEW THE PREMISES AFTER THE MOVE. IF DAMAGE TO ANY PART OF THE PREMISES OCCURS, ALL, OR A PORTION, OF THE DEPOSIT WILL BE FORFEITED. YOU WILL BE NOTIFIED OF THE MANAGEMENT'S DECISION.

**BY SIGNING THIS, IT IS UNDERSTOOD THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO ADHERE TO THE GENTRY TENANTS CORP. MOVE IN/MOVE OUT POLICY.**

|  |  |
|--|--|
|  |  |
|--|--|

**SIGNATURE(S)**

|  |
|--|
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**APARTMENT ADDRESS AND APT NO.**