



ICON REALTY MANAGEMENT, LLC
 433 West 14th Street
 Suite 429 3R
 New York, New York 10014
 tel 212.675.7100
 fax 212.661.2333

APPLICATION FOR GUARANTOR

BUILDING: _____

APARTMENT: _____

Guarantor Name _____

Social Security # _____ Date of Birth _____

Address of Residence Owned _____

City _____ State _____ Zip Code _____

Mortgage Type _____ Length _____ Amount \$ _____

Telephone (Home) _____ (Office) _____

Cellular _____ E-mail Address _____

Business (Firm Name) _____ Annual Income _____

Business Address _____ Position _____

Type of Automobile _____ Year _____ Plate# _____

Drivers License # _____

Bank _____

Checking Account # _____ Savings Account # _____

Name of Brokerage Account _____

Address _____

Accountant Name _____

Address _____ Telephone _____

PLEASE SUBMIT PHOTO I.D. AND PROOF OF HOME OWNERSHIP (e.g. COPY OF MORTGAGE PAYMENT, COPY OF REAL ESTATE PROPERTY TAX BILL, ETC). SHOWING NAME AND ADDRESS (PROPERTY MUST BE WONED IN EITHER NY, NJ, OR CT).

I hereby grant the above landlord and it designee, landlord protect, inc., a credit reporting agency, the right to process this credit application for the purpose of obtaining a rental lease. In compliance with the fair credit reporting act, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to received additional information about the nature of this investigation. The undersigned agrees that this application shall remain the property of the apartment complex, landlord or realtor regardless if rental lease is granted.

Signature _____ Date _____