

HAKIMIAN MANAGEMENT CORP.
8 West 40th Street – 6th Floor, New York, NY 10018
Tel: (212) 683-9292 Fax: (212) 683-8109

Guarantor Application

Date _____

Name _____ Spouse _____

Date of Birth _____ Soc. Sec. # _____

Guarantor for Apt. # _____ At _____

Home Phone _____ Cell Phone _____ Email _____

Present Address _____

Rent Paid \$ _____ Length of Tenancy _____

Landlord's Name _____ Landlord's Phone _____

Occupation _____ Salary \$ _____

Company Name _____

Address _____ How Long There _____

Company Phone _____ Dept. Head _____

Previous Occupation _____ Salary \$ _____

Address _____ How Long There _____

Company Phone _____ Dept. Head _____

Additional Sources Of Income _____

Charge Accounts (include #) _____

Emergency Contact: Name _____

Address _____ Telephone _____

Number of Persons to Occupy Apartment

(1) _____ (2) _____
Name Relationship Age Name Relationship Age

(3) _____ (4) _____
Name Relationship Age Name Relationship Age

Bank Accounts: Checking _____

Savings _____

References: _____

Name Phone Number

Name Phone Number

I hereby warrant that all my representations set forth above are true. I further represent that I am not renting an office suite under any other name, nor have I ever been dispossessed from any apartment or office suite, 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 leases executed by the Landlord shall have been mailed or delivered to the tenant. The applicant and his/her references must be satisfactory to the Landlord.

By signing below, applicant(s) authorizes Hakimian Management Corporation to perform any credit checks or reference checks in connection with this application.

Signature of the applicant indicating that the above items have been read and agreed to.