



- 1. Type all information requested into fields.
- 2. Be sure that both Husband and Wife are listed if applying jointly
- 3. Applications will be returned unless every question is answered.
- 4. Hit "Print Form" button in top right hand corner.
- 5. Sign your name under applicant's declaration.
- 6. No Payment should be given to anyone in connection with the preparation, filing or processing of this application except the fee for a credit check.

This Form Is To Be Filled Out By The Applicant:

Name _____

Street Address _____ Apt. No. _____

City _____

State AL Zip Code _____ SSN _____ Date of Birth _____

Home Phone _____ Business Phone _____ Email _____

Fax Number _____ Cell Number _____

The utilities paid by you monthly, and indicate the amount Gas _____ Electric _____

List Landlord's Name: _____

List Landlord's Address: _____

List Landlord's Phone: _____

Are you currently being subsidized through Section 8? YES NO Date moved into present apartment: _____

What is your present monthly rent? _____ How many persons are in your household? _____

How many bedrooms do you have? _____

List in order all your addresses for the last 3 years. Start with your present address.

_____	From: _____	To: _____	Rent: _____
_____	From: _____	To: _____	Rent: _____
_____	From: _____	To: _____	Rent: _____

Has applicant, spouse or other potential occupant ever been a party in a Landlord/Tenant legal action, such as disputes for non-payment, late payment, eviction, possession, property damage, etc.? YES NO

If yes, please explain: _____

Have any judgments been entered against applicant, spouse or other potential occupants? YES NO

If yes, please explain: _____

FAMILY COMPOSITION: List all persons who will occupy the apartment with you.

1. Full Name: _____ Relationship: _____ Date of Birth _____
Occupation: _____ SSN: _____
2. Full Name: _____ Relationship: _____ Date of Birth _____
Occupation: _____ SSN: _____
3. Full Name: _____ Relationship: _____ Date of Birth _____
Occupation: _____ SSN: _____
4. Full Name: _____ Relationship: _____ Date of Birth _____
Occupation: _____ SSN: _____

List all full and/or part-time employment for all household members. Include self-employed earnings. If less than two years, list previous employer

HOUSEHOLD MEMBER	NAME, ADDRESS, & PHONE NUMBER OF EMPLOYER	GROSS EARNINGS
		\$ _____
		Per _____
	Phone: _____	
		\$ _____
		Per _____
	Phone: _____	
		\$ _____
		Per _____
	Phone: _____	

OTHER SOURCES OF INCOME

(Examples: welfare, social security, S.S.I., pension, disability compensations, unemployment compensation, interest, babysitting, care taking, alimony, child support, annuities, income from rental property, Armed Forces Reserves, scholarships, and/or grants).

HOUSHOLD MEMBER	TYPE OF INCOME	AMOUNT
		\$ PER
		\$ PER
		\$ PER
		\$ PER

ASSETS:	BANK	ACCOUNT NUMBER	AMOUNT
CHECKING ACCOUNT			
SAVINGS ACCOUNT			
OTHER			

LIABILITIES:	BANK or STORE NAME	ACCOUNT NUMBER	BALANCE
CREDIT CARD			
CREDIT CARD			
CREDIT CARD			
CREDIT CARD			

List all unusual or recurring monthly expenses. i.e. student loans, auto loans:

Do you NOW own real estate? YES NO If "yes", what is the location and value _____

I declare that the statements contained are true and complete to the best of my knowledge.
WARNING: Any false statement or misrepresentation shall be considered sufficient grounds for rejection of this application.

 Signature

 Date

Tryax Realty Management, Inc

AUTHORIZATION FOR RELEASE OF INFORMATION

I(We) hereby authorize the use of any consumer reporting agency, credit bureau or other investigative agencies employed by "Tryax" to investigate the references listed in the apartment application; to verify statements or other data obtained from me(us) or from any other person pertaining to my(our) employment history, credit, criminal, prior tenancies, character, general reputation, personal characteristics and mode of living; to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the owner/agent in support of this application. I(We) have been advised that I(we) have the right, under Section 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Name _____

Address _____

City	State	Zip Code
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Annual Salary \$ _____ Email: _____

Telephone _____

S.S. # _____

DOB _____

Date _____ Signature _____

Applicant for Lease

CREDIT CHECK FEE IS NON REFUNDABLE

Tryax Realty Management, Inc.

1476 Walton Avenue
Bronx, NY 10452

Telephone 718 590-4311

Fax: 718 293-5182

DOCUMENTS NEEDED

1. _____ Most Recent W/2 Forms and Federal Tax Return
2. _____ Employment Letter
3. _____ 3 Most Recent Pay Stubs
4. _____ Identification: (For every apartment resident):
Social Security Card
Picture Identification
Birth Certificate (Children)
5. _____ Current Bank Statement
6. _____ Current Lease & Last 3 Rent Receipts
7. _____ \$20.00 Money Order for Credit Check Payable to "Tryax"
(\$20.00 for Each Person)

Misc. Forms Requested:

Tryax Realty Management, Inc.

1476 WALTON AVENUE
BRONX, NEW YORK 10452

TEL: (718) 590-4311

FAX: (718) 293-5182

FAIR HOUSING LAW

NON-DISCRIMINATION POLICY

- Under federal, New York State, and/or New York City fair housing laws, it is illegal to discriminate in the rental, sale or finance of housing because of **race, color, national origin, religion, disability, family status, sex (including sexual harassment), sexual orientation, marital status, age, military status, gender identity, lawful occupation, citizenship status, domestic partnership status, and source of income.**
- It is illegal to discriminate against people who use Section 8 vouchers, Social Security Disability Income, or other types of vouchers or rental assistance programs.
- Under City law, unlawful practices in the five boroughs of New York City include: refusing to sell or rent housing; misrepresenting the availability of housing; setting different terms, conditions or privileges for the sale or rental of housing; providing different housing services or facilities; posting discriminatory advertising or marketing that indicates a preference, limitation, or discrimination based on a protected class; for example, ads or screening criteria that state “no children,” “no programs,” “no Section 8” or “married couples only” would be discriminatory. Refusing to provide a reasonable accommodation for a person with a disability, and steering a potential renter to -- or away from -- a particular area, building, or apartment on the basis of a protected class such as race, disability, or source of income would be discriminatory.
- Under federal, New York State, and/or New York City fair housing laws, housing providers must agree to make reasonable changes to housing rules, policies, practices, or services when such changes are necessary to permit a person with a mental or physical disability equal opportunity to access, use, and enjoy a dwelling unit.
- Fair housing posters required by 24 C.F.R. 110 shall be prominently displayed in our offices so as to be readily apparent to all persons seeking housing accommodations or seeking to engage in residential real estate-related transactions or brokerage services.

More information about requirements of the fair housing laws may be found at <http://www.nyc.gov/html/cchr/html/fairbook.html>

And <http://www.hud.gov/offices/fheo/library/huddoistatement.pdf>

Or by contacting these agencies:

Tryax Realty Management, Inc.

1476 WALTON AVENUE
BRONX, NEW YORK 10452

TEL: (718) 590-4311

FAX: (718) 293-5182

United States Department of Housing and Urban Development (HUD)
Office of Fair Housing and Equal Opportunity
26 Federal Plaza, Room 3532
New York, NY 10278-0068
212-264-1290 or 1-800-496-4294
TTY: 212-264-0927 or 1-800-927-9275
<http://www.hud.gov/>

United States Department of Justice
Housing & Civil Enforcement Section
U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W. - HCE/ NWB
Washington, D.C. 20530
(202) 514-4713
<http://www.usdoj.gov/crt/crt-home.html>

New York State Division of Human Rights
One Fordham Plaza, 4th Floor
Bronx, NY 10458
718-741-8400 (TDD: 718-741-8304)
<http://www.dhr.state.ny.us/>

New York City Commission on Human Rights
Law Enforcement Bureau
40 Rector Street, 9th Floor
New York, NY 10006
212-306-7450
TDD: 212-306-7686 or 212-306-7589
<http://www.nyc.gov/html/cchr/home.html>

TRYAX REALTY MANAGEMENT

P.O. Box 222118

Great Neck, N.Y. 11022-2118

Tel: 516-829-5400

Tel: 718-654-5555

Fax: 516-829-5467

Fax: 718-653-3051

NOTICE DISCLOSING TENANTS' RIGHTS REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

Reasonable Accommodations

The New York State Human Rights Law requires housing providers to make reasonable accommodation or modifications to a building or living space to meet the needs of people with disabilities. For example, if you have a physical, mental, or medical impairment, you can ask your housing provider to make the common areas of your building accessible, or to change certain policies to meet your needs.

To request a reasonable accommodation or to change certain policy, you should contact your property manager by calling [718-654-5555](tel:718-654-5555) or [516-829-5400](tel:516-829-5400), or by e-mailing info@tryaxrealty.com. You will need to show your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied a housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice.

Specifically, if you have a physical, mental, or medical impairment, you can request:

- Permission to change the interior of your housing unit to make it accessible (however, you are required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out);
- Changes to your housing provider's rules, policies, practices, or service
- Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

Examples of reasonable modifications and accommodations that may be requested under the New York State Human Rights Law include:

- If you have a mobility impairment, your housing provider may be required to provide you with a ramp or other reasonable means to permit you to enter and exit the building.

- If your doctor provides documentation that having an animal will assist with your disability, you should be permitted to have the animal in your home despite a “no pet” rule.
- If you need grab bars in your bathroom, you can request permission to install them at your own expense. If your housing was built for first occupancy after March 13, 1991 and the walls need to be reinforced for grab bars, your housing provider must pay for that to be done.
- If you have an impairment that requires a parking space close to your unit, you can request your housing provider to provide you with that parking space, or place you at the top of a waiting list if no adjacent spot is available.
- If you have a visual impairment and require printed notices in an alternative format such as large print font, or need notices to be made available to you electronically, you can request that accommodation from your landlord.

Required Accessibility Standards

All buildings constructed for use after March 13, 1991, are required to meet the following standards:

- Public and common areas must be readily accessible to and usable by persons with disabilities;
- All doors must be sufficiently wide to allow passage by persons in wheelchairs; and
- All multi-family buildings must contain accessible passageways, fixtures, outlets, thermostats, bathrooms, and kitchens.

If you believe that your building does not meet the required accessibility standards, you can file a complaint with the New York State Division of Human Rights.

How to File a Complaint

A complaint must be filed with the Division within one year of the alleged discriminatory act. You can find more information on your rights, and on the procedures for filing a complaint, by going to calling 18883923644 www.dhr.ny.gov , or by with questions about your rights complaint form on the website, or one can be e. You can obtain a mailed or mailed to you. You can also call or email a Division regional office. The regional offices are listed on the website.