



7001 BRUSH HOLLOW ROAD  
SUITE 200  
WESTBURY, NY 11590  
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## APPLICATION FOR GARAGE SPACE

DATE: \_\_\_\_\_

**COPY OF VALID N.Y.S. DRIVERS LICENSE AND REGISTRATION MUST BE ATTACHED.**

**FIRST MONTHS RENT, ONE MONTH SECURITY DEPOSIT, COMPLETED W-9 FORM, AND COMPLETED ACH FORM MUST BE SUBMITTED ALONG WITH A \$50.00 PROCESSING FEE. ALL INITIAL MONIES SHOULD BE IN THE FORM OF A CERTIFIED CHECK OR MONEY ORDER ONLY.**

BUILDING NAME & ADDRESS: \_\_\_\_\_

COMMENCEMENT DATE \_\_\_\_\_ SPACE # \_\_\_\_\_

RENTAL AMOUNT \$ \_\_\_\_\_ PLUS SALES TAX \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ BUSINESS # \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

YEAR/MAKE/MODEL/COLOR OF CAR \_\_\_\_\_

N.Y.S. LICENSE PLATE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**FIRST MONTHS RENT, SECURITY DEPOSIT AND PROCESSING FEE MUST ACCOMPANY THIS APPLICATION FOR CONSIDERATION. UPON RECEIPT, IF APPROVED, LANDLORD WILL RETURN TO TENANT AN ANNUAL LEASE WHICH MUST BE SIGNED AND RETURNED TO LANDLORD. ALL TENANCIES ARE FOR A MINIMUM PERIOD OF ONE YEAR. THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE OF APPLICANT. SHOULD APPLICATION BE DENIED, LANDLORD WILL RETURN TO APPLICANT ALL MONIES EXCEPT FOR THE \$50.00 PROCESSING FEE WHICH IS NON-REFUNDABLE.**

**ALL APPLICANTS WILL BE REQUIRED TO ENROLL IN OUR ACH (AUTOMATIC DEBIT) PROGRAM (AGREEMENT ATTACHED).**

I hereby authorize **Kaled Management Corp.** to conduct a background investigation, which will be necessary to qualify me as a tenant. I authorize credit bureaus, financial institutions, employers, or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with a rental agreement. I will present any other information required by the Landlord in connection with the lease contemplated herein.

\_\_\_\_\_  
APPLICANT SIGNATURE

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
: : : :
or
Employer identification number
: : : :

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)**

Date: \_\_\_\_\_ Tenant Name: \_\_\_\_\_

I hereby authorize Kaled Management Corp. to initiate debit entries to my checking account at the depository financial institution indicated on the attached voided check. This will be done on the 3<sup>rd</sup> business day of each month for the full amount of the recurring monthly rent. *I understand that I will still receive a monthly statement and that any other one-time special payment or miscellaneous fees will also be automatically debited from my account.*

This authorization is to remain in full force and effect until Kaled Management Corp. has received written notification from me of its termination.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Property Address: \_\_\_\_\_ Apartment No. \_\_\_\_\_

Tenant ID: \_\_\_\_\_ (as found on monthly statement)

Phone Number: \_\_\_\_\_

PLEASE ATTACH VOIDED SAMPLE CHECK HERE