



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 , REGISTRATION AND INSURANCE CARD 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



**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