



management corp.

7001 BRUSH HOLLOW ROAD
SUITE 200
WESTBURY, NY 11590
TEL: (516) 876-4800
FAX: (516) 876-6812
EMAIL: INFO@KALED.COM

APPLICATION FOR GARAGE SPACE

DATE: _____

COPY OF VALID N.Y.S. DRIVERS LICENSE, REGISTRATION AND INSURANCE CARD MUST BE ATTACHED. NAME AND ADDRESS MUST MATCH ON ALL DOCUMENTS.

FIRST MONTHS RENT, ONE MONTH SECURITY DEPOSIT, COMPLETED W-9 FORM, AND COMPLETED ACH FORM MUST BE SUBMITTED ALONG WITH A \$100.00 PROCESSING FEE. ALL INITIAL MONIES SHOULD BE IN THE FORM OF A CERTIFIED CHECK OR MONEY ORDER ONLY (EACH PAYMENT MUST BE SUBMITTED SEPERATLY).

ONCE A PARKING SPACE IS CHOSEN, IT CAN NOT BE CHANGED. THEREFORE, PLEASE MAKE SURE THIS IS THE SPACE YOU WANT. THERE ARE NO EXCEPTIONS!!!

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 \$100.00 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



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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 3rd 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.*

Name: _____

Date: _____

Signature: _____

Property Address: _____ Apartment No. _____

Tenant ID: _____ (as found on monthly statement)

Phone Number: _____

PLEASE ATTACH VOIDED SAMPLE CHECK HERE

