

\$20 CREDIT CHECK!!!!!!!!!!!!(fully refundable at lease signing) any occupants 18 & older/spouses or domestic partners must complete consent. Money Order made to Quicksale Home Realty, Inc....mail to P.O Box 110602, Cambria Heights, N.Y 11411.

INDICATE CLIENTS PROGRAM IN UPPER RIGHT HAND CORNER OF CONSENT FORM

My client will accept: HASA, Section 8(No Working), Work, Fixed & Child Advantage.

Have clients complete & sign consent....return to fax# 866-392-4659(only)

Please have client bring all required docs pertaining to them, on day of their appointment with me.

Complete budget letter from HRA(full accordion style paper), Letter from HRA stating their responsibility to rent, 2008 W2s/1099 all pages of 1040's, Residency letter. if client worked last year, but company is now out of business....a notarized letter from client stating company no longer exist. Letter of good conduct, if seeing a physiologist for any purpose need letter briefly explaining reason & medication if any, if seeing a Medical Dr. for any physical condition need letter briefly explaining reason & medication if any.

FYI, The standard procedure before seeing the apartment is to first qualify the clients by

checking their credit. We are looking for those with no to good credit(No more than 2 collection accounts for advantage programs. No more than 3 collection accounts for HRA/SSI/SSD program. 100% HRA clients with more than 3 colltion accounts will be considered). No Judgments or Tenant Landlord cases.

No criminal history unless it's been over 10 yrs, also clients cannot be head of household and be enrolled in school full time (part time ok). Once credit is accepted clients are approved for an apartment. I will then scheduled an interview to submit application, required docs and clients will have a brief interview with company social worker. Once clients passes all levels of interview, their file goes to HDC for clearance. Upon clearance a unit is assigned....leases & other docs are provided, inspection of unit by case manager is schedule.... upon passing client moves in. With team work from all parties involved my estimated time to have our clients housed is 4-6 weeks.

IMPORTANT PLEASE READ BEFORE SIGNING



KNICKERBOCKER MANAGEMENT, LLC

Phone

Fax: 866-392-4659

Authorization / Release Consent

I, _____, hereby authorize Knickerbocker Management, LLC, its partners, agents, subsidiaries and affiliates to obtain information it deems necessary in the processing of my application, pursuant to the Fair Credit Reporting Act (FCRA, 15 U.S.C. 1681). It is expressly acknowledged, understood and agreed that further processing of said application includes but it is not limited to credit reports / inquiries, civil and criminal actions, rental history, employment and salary details, police and vehicle records, any and all relevant information to establish my eligibility as a tenant of Knickerbocker Management, LLC.

It is expressly acknowledged, understood and agreed that I have the right to make written request within a reasonable amount of time to receive additional information about the nature of this investigation. I agree to release Knickerbocker Management, LLC from any and all liability for any and all damage that may incur in furnishing or obtaining such information.

I agree to pay a NON-REFUNDABLE application fee of \$25.00 (or \$50 if there are three (3) or more adults in my household), retained by Knickerbocker Management, LLC as compensation for credit investigation, processing and verification of collected information, and other expenses associated with said application. No further payment will be requested nor required for said application.

It is expressly acknowledged, understood and agreed that said application and all its relevant contents shall remain the property of Knickerbocker Management, LLC and furthermore waives any claim for any and all damages by reason of non-acceptance of this application, for which Knickerbocker Management, LLC, its partners, agents, subsidiaries and affiliates may reject. It is expressly acknowledged, understood, understood and agreed that any false or misrepresentation of any information I provides basis for termination of any further processing of my application and/or any other contract that may be entered into pursuant to this investigation.

Print Name: _____
First Last mid int

SSN: _____ **Date of Birth:** _____
Month Day Year