

Douglas Elliman

Property Management

TRANSFER APPLICATION

New York _____ 20 _____

Applicant's Name _____

Applicant's Attorney _____ Telephone _____

Attorney's Firm and Address _____

Tenant/Shareholder's Name _____

Tenant/Shareholder's Attorney _____ Telephone _____

Attorney's Firm and Address _____

Apartment No.: _____ in the building located at _____

New York, New York Monthly Maintenance \$ _____

SPECIAL CONDITIONS, if any _____

INFORMATION REGARDING APPLICANT

Home Address _____ Telephone _____

Business Connection and Position _____ Telephone _____

Business Address _____

Name of all persons who will reside in the apartment and if children, state number and their approximate ages _____

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Page 2 of 3

Transfer Application

Name of all clubs and society memberships, fraternities and honorary societies to which applicant belongs _____

Schools and colleges attended by husband, wife and children _____

Name of all residents in the building known by the applicant _____

Does applicant wish to maintain any pets, and if so, please specify _____

REFERENCES

LANDLORD

Present Landlord or Agent _____
Address _____

Approximate Length of Occupancy _____
Address _____

Previous Landlord or Agent _____

Address of previous residence and approximate length of occupancy _____

FINANCIAL

A. (Bank – Personal Account) _____
Address _____

B. (Bank) _____
Address _____

C. Stock Broker, CPA, Executor if any _____
Address _____

D. For information regarding source of income contact _____
Address _____

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Property Management

Page 3 of 3
Transfer Application

PERSONAL

1. Name _____
Address _____
2. Name _____
Address _____
3. Name _____
Address _____
4. Name _____
Address _____

SPECIAL REMARKS

Please give any additional information which may be pertinent or helpful

Signature of Applicant

Signature of Applicant