

**MASTER APTS., INC.**

**Sublet Application – Instructions and Checklist**

After a Request to Sublet is approved, the Sublet Application and accompanying documents are to be submitted. The turnaround time for processing a Sublet Application is 3 weeks. Sublets are authorized for one year at a time and deducted from the 4 year allowance. All questions about the sublet application process should be directed to Ariola Xhelilaj.

Ariola Xhelilaj, Transfer Agent Orsid Realty Corp. 1740 Broadway, 2 <sup>nd</sup> Floor New York, NY 10019	Telephone: 212-484-3739 Fax: 212-586-4524 Email: <a href="mailto:axhelilaj@orsidr.com">axhelilaj@orsidr.com</a>
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The Shareholder submits two sets of the documents listed below (electronic submission is preferred) to Orsid Realty, Inc. a minimum of 3 weeks prior to proposed start date of the sublease. Only complete applications will be reviewed.

Documents and Fees	Initial Application	Renewal Application
<b>Shareholder and Prospective Subtenant submit:</b>		
Sublease Agreement (Blumberg 193 or other Standard Sublease – not included in the application to sublet package)	X	X
<b>Shareholder is responsible for:</b>		
Sublet Application page 1	X	X
Sublet Application Processing Fee payable to Orsid Realty Corp. (non-refundable) \$250 (Initial application) \$150 (for Renewal application)	X	X
Shareholder Sublet Surcharge Fee payable to Master Apts., Inc. 15% of rent for years 1 and 2. 20% of rent for years 3 and 4. 25% of rent/year, if subsequent sublets are authorized. Payable monthly or in full at the beginning of the sublet.	X	X
<b>Subtenant is responsible for:</b>		
Sublet Application pp. 2 – 5 (include Photo ID)	X	X
Credit/Background Check Release form for each applicant and \$50 fee payable to Orsid Realty Corp. per applicant.	X	
Most Recent Income Tax Return and W-2 (please remember to black-out Social Security number on these documents)	X	X
Renter’s Insurance \$300K minimum liability Master Apts., Inc. and Orsid Realty Corp. must be listed as additional interests	X	X
Reference Letters: Employment, Personal	X	
Disclosure of Information on Lead-based Paint Hazards	X	X
NYC Department of Health Window Guards Requirement	X	X
Subtenant Information Form (upon renewal, only if new information)	X	X
Move-in/Move-out Application	X	
Move-in fees – check payable to Master Apts, Inc. (Move-out fee also due for departing subtenants.) \$250 for studio apartments \$500 for one bedroom and larger apartments. \$1000 Refundable Security Deposit, payable to Master Apts., Inc. Deposit is refunded after confirmation that no damage has occurred during the move.	X	

**MASTER APTS., INC.**  
**SUBLET APPLICATION**  
(Effective 9.1.2016)

**APT #:** \_\_\_\_\_

**SHAREHOLDER INFORMATION:**

1. Proposed dates of sublet:

\_\_\_\_\_ Start date of sublet \_\_\_\_\_ End date of sublet

2. Name of Shareholder: \_\_\_\_\_

3. Shareholder's phone contact information:

Day Phone # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

4. Shareholder's email address: \_\_\_\_\_

5. Address to which maintenance bills are to be sent for the duration of the sublet. Please note that name and address cannot be more than 3 horizontal lines, a maximum of 19 characters per line.

Shareholder Name \_\_\_\_\_

Street address/Apt # \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

I agree to abide by the Sublet and Guest Policy and take responsibility for my subtenant abiding by the Sublet and Guest Policy and House Rules.

\_\_\_\_\_ I want to pay the sublet surcharge fee in monthly installments billed to my maintenance.

\_\_\_\_\_ I want to pay the sublet surcharge fee for the full year at the outset of the sublet (check enclosed.)

\_\_\_\_\_ If an application is submitted to renew this sublease, I will include a copy of my current property insurance policy, with minimum of \$300,000 liability coverage with the renewal application at that time.

Shareholder's signature: \_\_\_\_\_

Shareholder's name (print) \_\_\_\_\_

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

**MASTER APTS., INC.**  
**SUBLET APPLICATION**  
 (Effective 9.1.2016)

**APT #:** \_\_\_\_\_

**EACH PROSPECTIVE SUBTENANT COMPLETES pages 2 - 4 (print additional copies if needed.)**

<b>Name of Applicant:</b>	
Current street address:	Day phone:
City, State, Country	Eve phone:
Email address:	<b>Cell phone</b>
<b>Attach current photo ID (driver's license, State ID, work or student ID, etc.)                  If not a U.S. Citizen, a copy of current Passport and Visa must be attached to the application.</b>	

**Plans for Use of Apartment**

PLEASE NOTE: The following are not permitted in sublet apartments by the subtenants, their visitors or guests: <ol style="list-style-type: none"> <li>1. Smoking.</li> <li>2. Pets, other than service animals.</li> <li>3. Voice practice or playing of musical instruments, unless a silent mode is an option on the instrument.</li> </ol>
I DO ___/ DO NOT ___ expect to maintain a home office in the apartment. If yes, please describe.
I DO ___/ DO NOT ___ have diplomatic status. (If applicant has diplomatic status, please provide details. Applicants with diplomatic status will be asked to sign document agreeing to be subject to the jurisdiction of the New York Courts.
___ I am interested in renting a bicycle space in the building. ___ I am interested in renting a storage bin (bins are in short supply but vacancies occur periodically.)

**Previous Residences**

List most recent first:

From / To	Address, if different from current address noted above.)	Type of residence _____ Monthly payment _____ Reason for leaving _____
	_____  Landlord _____ Phone _____ Email _____	
From / To	Address, including apartment #	Type of residence _____ Monthly payment _____ Reason for leaving _____
	_____  Landlord _____ Phone _____ Email _____	

**MASTER APTS., INC.**  
**SUBLEASE APPLICATION**  
(Effective 9.1.2016)

**APT #:** \_\_\_\_\_

**SUBTENANT INFORMATION (continued)**

**Master Apts., Inc. References:** Shareholders, Management, and/ or Staff to whom I am known.

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*My application includes a minimum of one reference letter from an employer and a personal reference. The employer's letter must state applicant's annual salary, position, and length of employment.*

**Employment references** including my current employer (and previous, if I was employed 6 months or less.)

Name	Email	# Years Known
Address	Phone	

Name	Email	# Years Known
Address	Phone	

**Personal references** other than those listed elsewhere in the application.

Name	Email	# Years Known
Address	Phone	

Name	Email	# Years Known
Address	Phone	

**MASTER APTS., INC.**  
**SUBLEASE APPLICATION**  
(Effective 9.1.2016)

**AGREEMENT**  
**and**  
**APPLICATION ATTACHMENTS**

I have read, understand, and agree to abide by the co-operative's [House Rules](#).

I have read, understand, and agree to abide by the co-operative's [Sublet and Guest Policy](#), specifically, that subtenants are not permitted to have guests or visitors in their absence, or sublet the apartment.

I have read and understand, the Credit and Background Check Authorization and Release Form.

I have attached:

- Most recent Income Tax Return and W-2  
(Please remember to black-out Social Security number on these documents.)
- Photo ID (Driver's license, State ID, Employee or Student ID, passport and Visa if applicable.)
- Renter's Insurance \$300K minimum liability with Master Apts., Inc. and Orsid Realty Corp. listed as additional interests.
- Reference Letters (minimum of one): Employer, Personal Reference

\_\_\_\_\_  
Prospective Subtenant signature

\_\_\_\_\_  
Prospective Subtenant signature

\_\_\_\_\_  
Prospective Subtenant signature name (print)

\_\_\_\_\_  
Prospective Subtenant signature name (print)

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

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

**ORSID REALTY, INC.**

**CREDIT REPORT and BACKGROUND CHECK AUTHORIZATION and RELEASE FORM**

Each new sublet applicant must complete an authorization and release form.  
Renewal subtenants are not required to complete this document.

I hereby authorize ORSID REALTY CORP. on behalf of Master Apts., Inc. to request and receive any and all information from any credit bureau, previous employers (with respect to matters other than occupation) references and with respect to any criminal convictions from any law enforcement agencies.

I will hold harmless and/or release ORSID REALTY CORP., and Master Apts., Inc. from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stated information for the purpose of doing credit checks, reference checks, and criminal activity checks.

**Please print the following:**

1. Full name and/or aliases:

\_\_\_\_\_

2. Full address: \_\_\_\_\_

\_\_\_\_\_

3. Social Security #: \_\_\_\_\_

4. Employer's Name (Company Name): \_\_\_\_\_

5. Are you 18 years of age or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, state your age: \_\_\_\_\_

Agreed to by Applicant: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

**Master Apts., Inc.**  
**Subtenant Information Form**

**The information on this form will be maintained in a confidential building roster, for use only by authorized agents of Master Apts., Inc. Return completed form to Orsid Realty with sublet application.**

Apartment No. \_\_\_\_\_ Main Home Phone (for deliveries, etc.): \_\_\_\_\_

Note that only persons listed below will be granted access to the building, unless authorized by the Corporation. See the Building Handbook for policies concerning Guests and Visitors.

**Subtenant #1 Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Subtenant #2 Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

If **additional subtenants** will reside in the apartment, print another copy of this page to include their information.

**Other Subtenant Contact Information:**

Weekend or Vacation Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Emergency Contact.** In the event of an emergency, contact:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

If anyone in the household will need assistance in an emergency (e.g., is vision or hearing impaired, physically disabled, and/or uses life-sustaining equipment (ex., oxygen tank, etc.) please describe on reverse side. Note that it is also your responsibility to also register such information with the appropriate local authorities. This information is maintained in a secure file accessible only by the Board of Directors, Management, and building staff.

Residents are notified of package deliveries via a digital display monitor at the Front Desk.

- I would also like to receive email notification of package deliveries and authorize adding my email address to the package delivery notification system for the duration of the sublease.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

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

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

## Disclosure of Information on Lead-based Paint and/or Lead-based Paint Hazards

### Lead Warning Statement

Housing built before 1978 may contain lead-based paint, paint chips, and dust can post health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention. The pamphlet, *Protect Your Family from Lead in Your Home*, is available at the website of the USA Environmental Protection Agency via this link: [http://www.epa.gov/sites/production/files/2014-02/documents/lead\\_in\\_your\\_home\\_brochure\\_land\\_b\\_w\\_508\\_easy\\_print\\_0.pdf](http://www.epa.gov/sites/production/files/2014-02/documents/lead_in_your_home_brochure_land_b_w_508_easy_print_0.pdf)

Lessor's (Shareholder) Disclosure (initial (a) and (b) below)

(a) \_\_\_\_\_ Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the Unit and/or common areas (explain).

\_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the Unit and/or common areas.

(b) \_\_\_\_\_ Records and reports available to the lessor (check (i) or (ii) below):

(iii) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the Unit and/or common areas (list documents below).

\_\_\_\_\_

(iv) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the Unit and/or common areas.

Lessee's (Subtenant) Acknowledgment (Lessee(s) to initial (c) and (d) below):

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (Agent to initial (e) below):

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligation under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

### Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

\_\_\_\_\_  
Lessor/Shareholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lessor/Shareholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lessee/Subtenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lessee/Subtenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date

**New York City Department of Health  
Bureau of Window Falls Prevention**

Window Guards Requirements

For Further Information Call: Window Falls Prevention: 311

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You are required by law to have window guards installed in wall windows if a child 10 years or younger lives in your apartment.

Your landlord is required by law to install window guards in your apartment if you ask him to install window guards at any time (you need not give a reason.)

OR

If a child 10 years or younger lives in your apartment, it is a violation of law to refuse, interfere with installation or remove window guards where required.

**CHECK ONE:**

- Children 10 years of age or younger live in my apartment.
- No Children 10 years of age or younger live in my apartment.
- I want window guards even though I have no children 10 years or younger.

\_\_\_\_\_  
Subtenant (Print)

\_\_\_\_\_  
Subtenant Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Apt No.

**MASTER APTS., INC.**  
310 Riverside Drive, New York NY 10025

**MOVE-IN / MOVE-OUT GUIDELINES and APPLICATION**

Apt #: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Work #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Cell#: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Move-IN Date \_\_\_\_\_ or Move-OUT Date \_\_\_\_\_  
Expected Time of Arrival: \_\_\_\_\_ Estimated Length of Move: \_\_\_\_\_

<p>A professional moving company must provide Management with a Certificate of Insurance (COI) naming the following three parties as <u>Additional Insured's</u>:</p> <p>Master Apts., Inc. 310 Riverside Drive New York, NY 10025 Orsid Realty Corp., 1740 Broadway 2nd Fl. NY, NY 10019 Name of Shareholder or Subtenant, as an additional insured. Name of Landlord, as an additional insured, if applicable.</p> <p><u>Certificate Holder</u> Master Apts., Inc. c/o Orsid Realty Corp. 1740 Broadway 2nd Fl. New York, NY 10019</p>	<p>For move-outs: I will be vacating the following storage units and/or bicycle space:</p> <p>Room # _____ Bin # _____ Room # _____ Bin # _____ Room # _____ Bin # _____ Room # _____ Bin # _____ Bicycle Room Space # _____</p>
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**A minimum of three (3) business days prior to your move** you must submit the following:

1. A copy of the Certificate of Insurance from your mover.
2. This Move-in/out Application
3. Two checks – one for the security deposit and another for the moving fee (see below).

A mover will not be allowed on the premises without the application, COI correctly completed, and payment and security deposit submitted.

You may submit the Application (for move-outs) and the Certificate of Insurance as follows:

1. Leave at the Concierge Desk at the Master Apartments, 310 RSD: attention Grazyna Cyprys
2. Fax these documents to the Management Office at 212-866-8709.
3. Scan the documents and email to Grazyna Cyprys at [gcyprys@orsidr.com](mailto:gcyprys@orsidr.com)

**Checks payable to Master Apts., Inc.**

Non-refundable **Moving fee: \$250 for studios and \$500 for all other apartments.**

Refundable **Security Deposit: \$1,000** (is returned once building staff verify that no damage has occurred.)

The freight elevator is available:

**Monday thru Friday between of 9:00 AM and 4:00 PM, however**

**NOT on major government or religious holidays.**

**Note: the freight elevator may only be operated by building staff.**

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
Building Manager/Assistant Building Manager