

CORPORATE OFFICE 7001 BRUSH HOLLOW ROAD SUITE 200 WESTBURY, NY 11590 TEL: (516) 876-4800 FAX: (516) 876-6812 ASSET MANAGEMENT 757 THIRD AVENUE SUITE 2028 NEW YORK, NY 10017 (212) 376-5508

EMAIL: INFO@KALED.COM

## 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.											
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 DATESPACE #											
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 <u>Kaled Management Corp.</u> 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:
checking according the check. This recurring me that any cautomatical	reby authorize Kaled Management Corp. to initiate debit entries to me count at the depository financial institution indicated on the attached voide will be done on the 3 <sup>rd</sup> business day of each month for the full amount of the onthly rent. I understand that I will still receive a monthly statement and other one-time special payment or miscellaneous fees will also be ally debited from my account.
	authorization is to remain in full force and effect until Kaled Management ceived written notification from me of its termination.
Name:	
Date:	
Signature: _	
	dress: Apartment No
Tenant ID:	(as found on monthly statement)
Phone Num	ber:
	PLEASE ATTACH VOIDED SAMPLE CHECK HERE
	I LEASE ATTACH VOIDED SAMIFLE CHECK HERE
<u> </u>	



# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 N	ame (as shown on your income tax return). Name is required on this line; do not leave this line blank.															
Je 2.	<b>2</b> B	usiness name/disregarded entity name, if different from above					*******										
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►  Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.									4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)  Exemption from FATCA reporting code (if any)							
ر ت	☐ Other (see instructions) ►							(Applies to accounts maintained outside the U.S.)									
ecif	5 A	ddress (number, street, and apt. or suite no.)	Request	er's i	nam	e and	add	iress	(opti	onai)							
See <b>Sp</b>	6 City, state, and ZIP code																
	7 L	ist account number(s) here (optional)	-					-									
Par	t I	Taxpayer Identification Number (TIN)															
		TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo		Social security number													
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>							-			-							
TIN on page 3.								············		-							
Note. If the account is in more than one name, see the instructions for line 1 and the chart of				Em	ploy	er identification number											
guidel	ines	on whose number to enter.				-											
Part	Ш	Certification				L											
Under	pen	alties of perjury, I certify that:															
1. The	e nur	nber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	er to	be	issue	ed to	o m	e); ar	nd							
Ser	vice	t subject to backup withholding because: (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest or er subject to backup withholding; and	) I have r or divide	not i nds	oeer , or	n not (c) th	ified e IF	l by RS h	the l as n	nteri otifie	nal F d m	Reve e th	nue at I a	ım			
3. I ar	nal	J.S. citizen or other U.S. person (defined below); and															
4. The	FAT	CA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is corre	ect.													
becau interes genera instruc	se ye st pa ally,	on instructions. You must cross out item 2 above if you have been notified by the IRS the purple have failed to report all interest and dividends on your tax return. For real estate transatid, acquisition or abandonment of secured property, cancellation of debt, contributions to payments other than interest and dividends, you are not required to sign the certification, son page 3.	actions, i an indi	item vidu	2 d	loes i etiren	not i	app t arr	ly. Fo ange	or mo	ortg it (IF	age (A), a	and	3			
Sign Here		Signature of U.S. person ► Da	te ►														
											13	4000	_				

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),  $\,$ 
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.