



Department of Real Estate Development +Facilities (RED+F)

LEASE GUARANTY APPLICATION

Please print clearly.

Name: _____ Employee # or Student N Number: _____

Current address: _____

Email address (print clearly) _____ Telephone number: _____

Date of first employment or matriculation at NYU Langone Health _____
Month day year

Your student or employment title, and PGY level, if applicable during the Lease Term _____

Your department or school enrolled _____

Building address and apartment you wish to rent: _____

Landlord or Broker's name and telephone number: _____

Total monthly rent of the apartment: \$ _____ Your share of monthly rent: \$ _____
Current guaranty limits per applicant are up to \$2500 per month for a studio or up to \$3200 per month for a larger apartment.

Additional Named Parties on the Lease—your spouse/partner, and/or roommates if they will be signing the lease.
Please provide a photocopy of a picture i.d. for each

Name: _____ Employer: _____

Name: _____ Employer: _____

Please allow approximately 5 business days for review and approval of the completed Guaranty document package.

Please sign below, certifying that all information stated on this form is accurate and that you meet eligibility requirements.

Applicant's signature: _____ date _____