

Skyton Group Rental Process

- A signed letter of employment, on official company letterhead (original, not photocopied), stating your current position, annual salary (guaranteed plus bonus, if applicable), and length of employment. Your company's Human Resources department can usually help you with this.
- Two to three most recent pay stubs.
- Most recent tax return if applicable.
- Up-to-date copies of your bank statements, both checking and savings accounts. Or shelter savings.
- A list of your past 1-2 residences, along with the landlord's name and phone number. If applicable
- A photo ID, such as a driver's license or passport.
- The rental application
- Credit card authorization for the application fee, background & credit check

We will then process a credit & background check. The cost of the application & background check is \$99 to be payable to Skyton Group, LLC. We accept all major credit cards. Once payment is made we will email you a link for the report applications. Please email all above documents to info@skytonregroup.com

Rental Application

Applicant Information

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent: How long?
Previous address:			
City:		State:	ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent: How long?

Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Position:	Hourly Salary (Please circle)		Annual income:

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:		ZIP Code: Phone:
Relationship:			

Co-applicant Information, if Married

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent: How long?
Previous address:			
City:		State:	ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent: How long?

Co-applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Position:	Hourly Salary (Please circle)		Annual income:

References

Name:	Address:	Phone:

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:		Date:
Signature of co-applicant:		Date:

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer)

Date: _____

RE: _____
Applicant/Tenant Name

_____ Social Security Number

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above has applied to rent an apartment and verification of that information is required. The information provided, will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent



Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ Date First Employed _____ No ___ Last Day of Employment _____

Current Wages/Salary: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from: ___/___/___ through: ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

NOTE: Applicant understands this information will be verified and any willful false statements or misrepresentation can lead to a reversal of the decision to rent the premises. If the information requested is not applicable please write in N/A for that section.

Skyton Group, LLC

544 Park Ave #413
Brooklyn, NY 11205
929-244-9110

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Skyton Group, LLC to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Skyton Group, LLC to charge my credit card
(full name)
account indicated below for \$99 on or after _____. This payment is for
(amount) (date)

Tenant background & credit check.
(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV Code _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Skyton Group, LLC

544 Park Ave #413
Brooklyn, NY 11205

Rental Brokerage Fee Schedule

Rental Term

1 Year or more

Co-broke

Commission

15% of the First Annual Rent

15% of the first annual Rent

If you, or anyone acting on your behalf, rent an apartment to which Skyton Group, LLC. has directed you to within a six (6) month period you agree to pay Skyton Group, LLC. the corresponding commission.

With respect to open listings and other broker's listings, Skyton Group, LLC represents you, the prospective tenant.

With respect to our exclusive listings, we represent the owner.

The commission is due at or prior to lease signing. Commission may only be paid in cash or cash equivalent i.e. certified or bank check, money order. Personal checks are not generally accepted. Special circumstances may apply.

By signing, I acknowledge that I have received a copy of this agreement.

Signature

Date

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Skyton Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Skyton Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Skyton Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.