

The company with an experience of over 15 years in NYC furnished apartment rental industry. We own apartments so NO Broker No Fee!

## P.O. Box 237175 New York, NY - 10023

Phone: 212 799 9711 Fax: 212 799 1661 www.accommodationnyc.com

Thank you so much for inquiries. We proudly offer you the opportunities in various types of apartments and various prices. All apartments are completely furnished (some studios have shared bathroom). You feel right away at HOME. But please first, fill in this application as we try to help you ONLY AFTER we receive this form. We do not charge commission. Prices below per day are subject to change.

Date In	Out	No of days			
Studio	1 twin or Double	•	n 3days More than 2 weeks 180 \$55 ~ \$130		
1 bedroom:	2 twins or 1 double/queen	2~ 3 persons \$180~ \$2	240 \$150 ~ \$220	\$90 ~ \$180	
2 bedroom	4 twins or 2 double/queen	2~ 4 persons \$200~ \$4	\$180 ~ \$396	\$150 ~ \$350	
The Guest wishes	to pay around \$	@day. Pre	eferred area	·	
Room charge \$	@	Total \$	Security deposit \$	dpd .	
Name		tel (w)	te	tel (h)	
Cell:	Fax	E-Mail	D	Date of Birth	
Permanent Addres	s				
S.S #	Dı	Driver License / passport State		State	
Employed by		supervisor	<u>-</u>	tel .	
Visa / MC		Name		exp date	
Other Guest name	S		total	person(s).	
Guest agrees to au	thorize \$to	be charged to VISA/MC		exp date/	
				arged if pay by credit cards is refundable only after the	
				er and all bills are paid. The	
				tay after being signed is no	
	ny circumstances.				
	nce, the Guest agrees to pay				
	eek security and 1 week plu			days after conclusion of your	
				city). The Guest agrees to pay	
	y charges over \$70 per mon				
				the 50% of the total guest fee	
	n is less than 10 days away	-	1 2	<u> </u>	
AGREEMENT:	The Guest agrees to use to	the apartment solely at his	s/her own risk. The gues	t inspected the apartment and	
agreed to rent the	e apartment as it is. He/she	agrees to indemnify and h	old harmless to the owne	er/manager of the apartment ir	
		ž .		t of any missing or damaged	
	-	-		conditions of fee payment and	
				/she understands and agrees	
that he/she ha				rtment for no more than	
this will constitu	days. The Guest unde ite our mutual agreement.		ation is signed by both	H parties and returned to mo	
tills will constitu	ite our mutuar agreement	•			
				Date	
Signature of the G	uest accepted and agreed abov	e. Please Fax this bac	k immediately, all fille	d and signed.	
Address of the p	roperty	Signature	Accommodation in N	NY Date Confirmed	

## **Move In and Move Out Form**

Location of the apartment	
Name of tenant	
Permanent address	
MOVE IN	
1) I accepted and rented the above apartment AS IS as First month/total	and paid up \$ as Security Deposit and \$ days.
2) [ ] I have seen the photo of above furnished apart	ment and agreed to rent it and I have signed the agreement on
OR	
3) [ ] I have personally, or my representative apartment on	has inspected the
4) I am moving into the apartment on condition of the apartment.	I will not make any further unreasonable requests on the
5) I agree to move out from the apartment on	by 11am.
or assigned to anyone else. I understand I cannot shor I understand I must request the extension in writing	e on is binding and can not be renegotiated ten the stay in the apartment, but if I wish to extend the stay, one week before the expiration of the period for a weekly I will sign a new contract for the new period of the stay
Agreed:	Data
TenantAcknowledged above:  Manager / Owner	
MOVE OUT	
I have moved out on from apt # the keys. I have given up all the rights to possession o	_ address and returned f above said apartment to the owner and landlord.
Agreed: Tenant	Date:
Acknowledged above:  Manager / Owner  Accommodation in NY, Inc.	

20 W 64 St. #24E, NY, NY - 10023