NOTICE DISCLOSING TENANTS' RIGHTS TO REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

Reasonable Accommodations

The New York State Human Rights Law requires housing providers to make reasonable accommodations or modifications to a building or living space to meet the needs of people with disabilities. For example, if you have a physical, mental, or medical impairment, you can ask your housing provider to make the common areas of your building accessible, or to change certain policies to meet your needs.

To request a reasonable accommodation, you should contact your property manager by calling **(646) 786-8000**, or _____ , or by e-mailing **service@silverstonepg.com**. You will need to inform your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider. A housing provider may request medical information, when necessary to support that there is a covered disability and that the need for the accommodation is disability related.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice.

Specifically, if you have a physical, mental, or medical impairment, you can request:+

Permission to change the interior of your housing unit to make it accessible (however, you are required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out);

Changes to your housing provider's rules, policies, practices, or services;

Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

Examples of reasonable modifications and accommodations that may be requested under the New York State Human Rights Law include:

If you have a mobility impairment, your housing provider may be required to provide you with a ramp or other reasonable means to permit you to enter and exit the building.

If your healthcare provider provides documentation that having an animal will assist with your disability, you should be permitted to have the animal in your home despite a "no pet" rule.

If you need grab bars in your bathroom, you can request permission to install them at your own expense. If your housing was built for first occupancy after March 13, 1991 and the walls need to be reinforced for grab bars, your housing provider must pay for that to be done.

If you have an impairment that requires a parking space close to your unit, you can request your housing provider to provide you with that parking space, or place you at the top of a waiting list if no adjacent spot is available.

If you have a visual impairment and require printed notices in an alternative format such as large print font, or need notices to be made available to you electronically, you can request that

accommodation from your landlord.

Required Accessibility Standards

All buildings constructed for use after March 13, 1991, are required to meet the following standards:

Public and common areas must be readily accessible to and usable by persons with disabilities;

All doors must be sufficiently wide to allow passage by persons in wheelchairs; and

All multi-family buildings must contain accessible passageways, fixtures, outlets, thermostats, bathrooms, and kitchens.

If you believe that your building does not meet the required accessibility standards, you can file a complaint with the New York State Division of Human Rights.

How to File a Complaint

A complaint must be filed with the Division within one year of the alleged discriminatory act or in court within three years of the alleged discriminatory act. You can find more information on your rights, and on the procedures for filing a complaint, by going to www.dhr.ny.gov, or by calling 1-888-392-3644. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website.

TENANT:

By:

Signed by Tong Wu
Mon Jun 26 2023 02:50:59 PM EDT
Key: 7250735E; IP Address: 10.33.14.19

Tong Wu *(Tenant)* *Date*

Signed by Jianing Cui
Mon Jun 26 2023 02:50:32 PM EDT
Key: 1D521A47; IP Address: 10.33.14.19

Jianing Cui *(Tenant)* *Date*

* The Notice must include contact information when being provided under 466.15(d)(1), above. However, when being provided under (d)(2) and when this information is not known, the sentence may read "To request a reasonable accommodation, you should contact your property manager."

+ This Notice provides information about your rights under the New York State Human Rights Law, which applies to persons residing anywhere in New York State. Local laws may provide protections in addition to those described in this Notice, but local laws cannot decrease your protections.

96 Steuben Street
96 Steuben Street
Brooklyn, NY 11205
Tel: (646) 786-8000
Fax: ( ) -

APPLICATION FOR RENTAL

NOTICE: All adult applicants (18 years or older) must complete a separate application for rental.

BUILDING/APARTMENT:	RENT:	SECURITY DEPOSIT:	AGENT:
Apt # 7A			
START DATE:	**LEASE LENGTH:**	**BROKER:**	**BROKER PHONE:**

APPLICANT INFORMATION

FIRST NAME	M.I.	LAST NAME	SUFFIX	SSN
Tong		Wu		000-00-****

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL	DATE OF BIRTH
8618616502080		( )	tongwubill@outlook.com	2/8/2000

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
8682 Chuanzhou Gong Road	Shanghai		201299

LANDLORD/MANAGING AGENT NAME	LANDLORD/MANAGING AGENT PHONE
Self	

MONTHLY RENT	DATE IN	DATE OUT	REASON FOR LEAVING
$5,000.00 / Mo.			

PREVIOUS ADDRESS (if less than 2 years at current)

STREET ADDRESS	CITY	STATE	ZIP

LANDLORD/MANAGING AGENT NAME	LANDLORD/MANAGING AGENT PHONE
	( )

MONTHLY RENT	DATE IN	DATE OUT	REASON FOR LEAVING

BANK INFORMATION

CHECKING ACCOUNT BANK NAME	ACCOUNT NUMBER	PHONE NUMBER
		( )

SAVINGS ACCOUNT BANK NAME	ACCOUNT NUMBER	PHONE NUMBER
		( )

OTHER ACCOUNT BANK NAME	ACCOUNT NUMBER	PHONE NUMBER
		( )

EMPLOYMENT & INCOME INFORMATION

OCCUPATION - PRESENT	EMPLOYER/COMPANY	SUPERVISOR NAME	SUPERVISOR PHONE	SALARY	START DATE
Student	Pratt Institute	Linda Lauro-Lazin	(800) 331-0834	$0.00/Mo.	

OCCUPATION - ☐ ADD'L ☐ PREVIOUS	EMPLOYER/COMPANY	SUPERVISOR NAME	SUPERVISOR PHONE	ANNUAL SALARY	START DATE
			( )		

OTHER INCOME DESCRIPTION	ANNUAL INCOME
Gift from parents	$10,000.00/Mo.

EMERGENCY CONTACT

NAME	ADDRESS	PHONE	RELATIONSHIP
Jianing Cui	Yaojia Street 3666, Jinan City, Shandong, China	8615564128497	Roommate

APPLICANT INFORMATION

FIRST NAME	M.I.	LAST NAME	SUFFIX	SSN
Jianing		Cui		000-00-****

HOME PHONE	WORK PHONE	CELL PHONE	EMAIL	DATE OF BIRTH
71863633411		( )	admissions@pratt.edu	8/6/1997

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
Yaojia Street 3666	Jinan City		250000

LANDLORD/MANAGING AGENT NAME	LANDLORD/MANAGING AGENT PHONE
Self	(861) 333-5110 x387

MONTHLY RENT	DATE IN	DATE OUT	REASON FOR LEAVING
$5,000.00 / Mo.			

PREVIOUS ADDRESS (if less than 2 years at current)

STREET ADDRESS	CITY	STATE	ZIP

LANDLORD/MANAGING AGENT NAME	LANDLORD/MANAGING AGENT PHONE
	( )

MONTHLY RENT	DATE IN	DATE OUT	REASON FOR LEAVING

BANK INFORMATION

CHECKING ACCOUNT BANK NAME	ACCOUNT NUMBER	PHONE NUMBER
		( )

SAVINGS ACCOUNT BANK NAME	ACCOUNT NUMBER	PHONE NUMBER
		( )

OTHER ACCOUNT BANK NAME	ACCOUNT NUMBER	PHONE NUMBER
		( )

EMPLOYMENT & INCOME INFORMATION

OCCUPATION - PRESENT	EMPLOYER/COMPANY	SUPERVISOR NAME	SUPERVISOR PHONE	SALARY	START DATE
Student	Pratt institute	Linda Lauro-Lazin	(718) 636-3600	$0.00/Yr.	

OCCUPATION - ❑ ADD'L ❑ PREVIOUS	EMPLOYER/COMPANY	SUPERVISOR NAME	SUPERVISOR PHONE	ANNUAL SALARY	START DATE
			( )		

OTHER INCOME DESCRIPTION	ANNUAL INCOME
support from parent	$10,000.00/Yr.

EMERGENCY CONTACT

NAME	ADDRESS	PHONE	RELATIONSHIP
Jianing Cui	Yaojia Street 3666, Jinan City, Shandong, China	8615564128497	Roommate

WINDOW LOCKS

Tenant wants window guards even though no children 10 years or younger live in apartment

CHILDREN UNDER 6 YEARS

A child under six years of age does not reside in the unit

OTHERS WHO WILL OCCUPY THE APARTMENT

None

I warrant that all statements above set forth are true. I further represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed. I hereby give my permission to conduct inquiries concerning my income, credit history, residence, banking relationships, character and reputation for the purpose of verifying information, provided by me, on any apartment rental/purchase application. If this application is approved, I further authorize Owner or its agent(s) to conduct further credit inquiries. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, OFAC search, and landlord/tenant court record search will be done in conjunction with my application. I hereby hold On-Site Manager, Inc., Owner, and its agents free and harmless of any liability for providing written or verbal information and/or discussing the quality of my tenancy with current and former landlords property managers, supervisors, or employers. No representations or agreements by Salespersons, Brokers or others are to be binding on Owner, and/or any party connected with its business organization unless included in the written lease proposed to be executed. By submitting this application, I represent that Owner makes no guarantee regarding the status of this application or the availability of any apartment. If a lease is approved and executed, this completed application form becomes a part of that certain lease.

NEW YORK CITY TENANT FAIR CHANCE ACT

Pursuant to the laws of the federal government, New York State, and NYC Admin. Code § 20-807 et seq., we are required to provide you with the following disclosure:

1) The application information you provide will be used by this community's owner or designated agent (the "Owner") to obtain a criminal background search and consumer credit report on you, and the Owner may use these reports to determine your suitability for housing.

2) If your application is denied or other adverse action is taken against you on the basis of information contained in the tenant screening report, the Owner must tell you that such action was taken and provide you with the contact information of the screening company that provided the tenant screening report.

3) You may obtain a free copy of the report and dispute inaccurate or incorrect information on the report directly with the screening company at: Attn: On-Site c/o RealPage, 2201 Lakeside Boulevard, Richardson, TX 75082; 1-877-222-0384; www.on-site.com/renter-relations/.

4) You are entitled to one free tenant screening report from each national consumer reporting agency annually, in addition to a credit report which can be obtained from www.annualcreditreport.com.

An electronic signature was received on June 26, 2023 by JIANING CUI.

Signed by Tong Wu
Mon Jun 26 2023 02:50:59 PM EDT
Key: 7250735E; IP Address: 10.33.14.19

Tong Wu *(Applicant)* *Date*

Signed by Jianing Cui
Mon Jun 26 2023 02:50:32 PM EDT
Key: 1D521A47; IP Address: 10.33.14.19

Jianing Cui *(Applicant)* *Date*

The following charge(s) will appear on your card statement as *"ClickPay"*

Application Fee for Jianing Cui - Charge Details			
Name on Card	**Account Number**	**Reference Number**	**Authorized**
kaixi liu	XXXXXXXXXXXX6412	13376475	$20.00
This card has been authorized for the amount above and will be charged when the application is processed.			

Billing Address			
STREET ADDRESS	**CITY**	**STATE**	**ZIP**
5203 Centerblvd	long island city	NY	11101

AUTHORIZATION TO RELEASE RECORDS

EMAIL TO: verifications@on-site.com

I authorize the below parties to verify any and all requested information and to provide written support as necessary to On-Site.com.

(PRINT Applicant Name) *(Applicant Signature)* *Date*

Please ensure that the below information is completed IN FULL. Inform your references that On-Site.com will be contacting them, and indicate the importance of a prompt response.

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