



New York State  
DEPARTMENT OF STATE  
Division of Licensing Services  
P.O. Box 22001  
Albany, NY 12201-2001

Customer Service: (518) 474-4429  
www.dos.state.ny.us

---

## **Apartment Information Vendor/ Apartment Sharing Agent Application**

---

*Please take the time to read the instructions in this package carefully before beginning the application form. Incomplete forms will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application may be deemed sufficient reason to deny a license or could result in the suspension or revocation, if one is issued.*

---

### **What is in this package?**

This application package includes all the information and forms you will need to apply for registration as an Apartment Information Vendor or Apartment Sharing Agent.

A completed application includes: the 3-page application form; the \$400 nonrefundable application fee; a certificate of deposit showing the minimum balance in the special interest bearing account as defined by Section 446(b)(6) of the Real Property Law (explained below), and a sample copy of the standard contract form (see Section 446(c) of the Real Property Law and NYCRR 190.1 and 190.2).

**If you are applying for a branch office license**, you must submit Attachment A of this application packet and the \$250 nonrefundable application fee for each branch office.

### **What is an Apartment Information Vendor?**

An Apartment Information Vendor is any person who engages in the business of claiming, demanding, charging, receiving, collecting, or contracting for the collection of, a fee from a customer for furnishing information concerning the location and availability of real property, including apartment housing, which may be leased, rented, shared or sublet as a private dwelling, abode, or place of residence.

### **What is an Apartment Sharing Agent?**

An Apartment Sharing Agent means any person who, for a fee, arranges, conducts, coordinates, handles or causes meetings between a customer and the current owner or occupant of legally occupied real property, including apartment housing, who wishes to share that housing with one or more individuals as a private dwelling, abode or place of residence, but it shall not apply to any person who for another and for a fee, commission or other valuable consideration, supervises, organizes, arranges, coordinates, handles or is otherwise in charge of or responsible for the relocation of commercial or

residential tenants from buildings or structures that are to be demolished, rehabilitated, remodeled or otherwise structurally altered.

### **Do I need to establish a special account?**

Yes. Every applicant applying for licensure as an:

**Apartment Information Vendor** must establish and maintain a special interest bearing account in the minimum amount of \$5,000 in a branch of a national or state chartered banking institution having a place of business within the state, plus \$2,500 for each licensed branch office. Additionally, an escrow account as prescribed by Title 19 NYCRR 190.2 must be submitted for approval.

**-OR-**

**Apartment Sharing Agent** must establish and maintain a special interest bearing account in the minimum amount of \$2,500 in a branch of a national or state chartered banking institution having a place of business within the state, plus \$1,250 for each licensed branch office.

In either case, the account must provide that moneys may not be withdrawn without the written consent of the Secretary of State. **Please note:** Monies will not be released until 6 months from the date of request.

### **What are the application fees and term of licensure?**

The nonrefundable application fee is \$400; each license is for one term beginning November 1 and ending October 31 of the next year. A license for each branch office is \$250.

### **What forms of payment do you accept?**

You may check or money order made payable to the Department of State or charge any fee to MasterCard or Visa, using the enclosed credit card authorization form. **Do not send cash.** Application fees are nonrefundable. A \$20 fee will be charged for any check returned by your bank.

### **Do I need to complete the Child Support Statement section of the application?**

Yes, if you are applying as an individual (i.e., as a sole proprietor), a Child Support Statement is mandatory in New

## **Apartment Information Vendor/Apartment Sharing Agent Application**

---

York State (General Obligations Law). The law requires you to complete this section - regardless of whether or not you have children or any support obligation.

Corporations, partnerships and limited liability companies do *not* need to sign the Child Support Statement.

**Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

### **PRIVACY NOTIFICATION**

#### **Do I need to provide my Social Security and federal ID numbers on the application?**

Yes. The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such

personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to the Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

FOR OFFICE  
USE ONLY

CLASS

INIT

UNIQUE IDENTIFICATION NUMBER

FEE

# Apartment Information Vendor/Apartment Sharing Agent Application

NYS Department of State  
DIVISION OF LICENSING SERVICES  
P.O. Box 22001  
Albany, NY 12201-2001  
www.dos.state.ny.us

PLEASE PRINT OR TYPE ALL RESPONSES IN INK

Application as:

- Apartment Information Vendor (class 50)
- Apartment Information Vendor Branch Office (class 51)
- Apartment Sharing Agent (class 52)
- Apartment Sharing Agent Branch Office (class 53)

Check one that applies to the status of your business:

- Individual
- Branch Office (Your main office must be licensed)\*
- Corporation
- Limited Liability Company
- Limited Liability Partnership
- Partnership
- Trade Name

DO NOT WRITE IN THIS AREA
\$400
\$250
\$400
\$400
\$400
\$400
\$400

**\*PLEASE NOTE: If you are applying for a branch office license, please go directly to Attachment A.**

APPLICANT'S NAME                      LAST                      FIRST                      M.I.                      SUFFIX

HOME ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY                      STATE                      ZIP+4                      COUNTY

BUSINESS NAME

BUSINESS ADDRESS NUMBER AND STREET (PO BOX MAY BE ADDED TO ENSURE DELIVERY)

CITY                      STATE                      ZIP+4                      COUNTY

DAYTIME TELEPHONE (if problem with application)                      SOCIAL SECURITY NUMBER OR FEDERAL TAXPAYER ID (SEE PRIVACY NOTIFICATION)

(                      )

E-MAIL ADDRESS (IF ANY)

## 1 Background Data —

1. What is your date of birth? \_\_\_\_\_

2. Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony? YES                      NO

→ IF "YES," submit a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must provide a copy of same.

3. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? \_\_\_\_\_

→ IF "YES," you must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).

# Apartment Information Vendor/Apartment Sharing Agent Application

	YES	NO
4. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied? → IF "YES," you must provide all relevant documents, including the agency determination, if any.	_____	_____
<b>For questions 5-7 please answer only the statement which applies to your particular licensing status.</b>		
5. I own this business and the trade name certificate has been filed in the office of the County Clerk where the business is located. (By signing this application, you are certifying compliance with this requirement.)	_____	_____
6. I am a member of this partnership and the Certificate of Partnership has been filed in the office of the County Clerk where the business is located. (By signing this application, you are certifying compliance with this requirement.)	_____	_____
7. a. I am an officer of this corporation and the New York State Certification of Incorporation providing the power to engage in the business of Apartment Referral has been filed with the Department of State. (By signing this application, you are certifying compliance with this requirement.)	_____	_____
b. A statement listing the names, titles and home addresses of all officers is enclosed.	_____	_____
c. A list of stockholders owning at least 10% of stock is enclosed	_____	_____
8. I am a (member) (manager) of this limited liability company, and a copy of the articles of organization have been filed with the Department of State. (By signing this application, you are certifying compliance with this requirement.)	_____	_____

- If you are applying as an **individual** or **sole proprietor**, complete Items 2 and 3.
- If you are applying as a **corporation, partnership** or **limited liability company**, skip Item 2 and go directly to Item 3.

## 2 Child Support Statement — If you are applying as an individual or sole proprietor, you must complete this section. If you do not complete it, your application will be returned.

"X" A or B, below

I, the undersigned, do hereby certify that (You must "X" A or B, below):

- A.  I am not under obligation to pay child support. (SKIP "B" and go directly to **Applicant Affirmation**).
- B.  I am under obligation to pay child support (You must "X" any of the four statements below that are true and apply to you):
- I do not owe four or more months of child support payments.
  - I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
  - My child support obligation is the subject of a pending court proceeding.
  - I receive public assistance or supplemental social security income.

## 3 Applicant Affirmation

I affirm that I have read and understand the provisions of Section 446-a(2) of the Real Property Law and the rules and regulations promulgated thereunder (19 NYCRR). I further affirm that Workers' Compensation Insurance/Disability Benefits, for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4 Recommendation:

I certify that I have personally known \_\_\_\_\_ for \_\_\_\_\_ years and during that time, to my knowledge, \_\_\_\_\_ has had a reputation for good and fair dealings.

Name \_\_\_\_\_

Address \_\_\_\_\_

---

**Please remember to include with this application any required explanations and statements along with your application fee (please see instructions).**

It is important that you notify this division of any changes to your residential or business address so you can receive renewal notices and any other notifications pertinent to your license.



*Apartment Information Vendor/Apartment Sharing Agent*  
**Branch Office Locations**

PAGE \_\_\_ OF \_\_\_

**APPLICANT BUSINESS NAME** (ENTER THE BUSINESS NAME, EXACTLY AS SHOWN ON APPLICATION PAGE 1)



Type or print below the complete address for each **BRANCH OFFICE LOCATION** for which you seek licensure, include the name and unique identification number of a licensed Apartment Information Vendor who will work or be employed at each location. You may photocopy this sheet as many times as needed to list every location. The header information and business name **MUST** be carried at the top of every page.

**PLEASE NOTE: In order to operate a branch office, your main office must be licensed.**

BUSINESS LOCATION  
NUMBER AND STREET

CITY

COUNTY

STATE

ZIP+4

NAME OF LICENSED APARTMENT INFORMATION VENDOR

UNIQUE ID NUMBER

BUSINESS LOCATION  
NUMBER AND STREET

CITY

COUNTY

STATE

ZIP+4

NAME OF LICENSED APARTMENT INFORMATION VENDOR

UNIQUE ID NUMBER

BUSINESS LOCATION  
NUMBER AND STREET

CITY

COUNTY

STATE

ZIP+4

NAME OF LICENSED APARTMENT INFORMATION VENDOR

UNIQUE ID NUMBER