



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
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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; 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.

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 is the application fee and term of licensure?

An application fee is not required. Each license is for one term beginning November 1 and ending October 31 of the next year.

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 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.

WOULD YOU LIKE TO REGISTER TO VOTE?

Please visit the NY State Board of Elections at www.elections.ny.gov/votingregister.html or call **1-800-FOR-VOTE** to request a NYS Voter Registration form.

To register online, please visit www.ny.gov/services/register-vote.

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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? **YES** or **NO**
→ IF “YES,” you must provide all relevant documents, including the agency determination, if any.

For questions 5-7 please answer only the statement which applies to your particular licensing status.

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.) **YES** or **NO**
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.) **YES** or **NO**
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.) **YES** or **NO**
- b. A statement listing the names, titles and home addresses of all officers is enclosed. **YES** or **NO**
- c. A list of stockholders owning at least 10% of stock is enclosed. **YES** or **NO**
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.) **YES** or **NO**

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- 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* _____

Apartment Information Vendor/Apartment Sharing Agent Application

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 (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

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

Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – Registry@donatelife.ny.gov or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



*Last name _____

*First name _____

Middle Initial _____ Suffix _____

*Address _____

*Apt. Number _____ *Zip Code _____

*City _____

*Birth date ____/____/____ *Gender M F
MM DD YYYY

Email address _____

DMV or IDNYC Number _____

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
- and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

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*Sign

*Date