

RESIDENCY APPLICATION

\$50 APPLICATION FEE IS NON REFUNDABLE



We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, sex, national origin, religion, handicap, or familial status (having children under age 18).

How did you hear about us? (Circle One) **Apartment Guide • For Rent • GardenCommunities.com • NJ.com • Other:** _____

COMMUNITY: _____ **DATE:** _____

APPLICANT # 1 _____ First Middle Last _____ Jr. or Sr. DOB ____/____/____

Current Address _____ City, State & Zip _____

Home Tel # _____ Cell # _____ Drivers License # _____

eMail Address: _____ S.S.# _____

Present Landlord Name _____ Tel. # _____ Months at this Address _____

Rent \$ _____ Reason for move Involuntary Voluntary Explain _____

Previous Address _____ City, State & Zip _____

Previous Landlord Name _____ Tel. # _____ Months at this Address _____

Rent \$ _____ Reason for move Involuntary Voluntary Explain _____

Current Employer _____ **Gross Monthly Salary \$** _____

Address _____ City & State _____

Work Telephone # _____ Position _____ Start Date _____

Immediate Supervisor _____ If less than one (1) year, please use back of application for previous employer information.

Additional Income & Source _____

Have you ever been convicted of a crime? _____ Details _____

APPLICANT # 2 _____ First Middle Last _____ Jr. or Sr. DOB ____/____/____

Current Address _____ City, State & Zip _____

Home Tel # _____ Cell # _____ Drivers License # _____

eMail Address: _____ S.S.# _____

Present Landlord Name _____ Tel. # _____ Months at this Address _____

Rent \$ _____ Reason for move Involuntary Voluntary Explain _____

Previous Address _____ City, State & Zip _____

Previous Landlord Name _____ Tel. # _____ Months at this Address _____

Rent \$ _____ Reason for move Involuntary Voluntary Explain _____

Current Employer _____ **Gross Monthly Salary \$** _____

Address _____ City & State _____

Work Telephone # _____ Position _____ Start Date _____

Immediate Supervisor _____ If less than one (1) year, please use back of application for previous employer information.

Additional Income & Source _____

Have you ever been convicted of a crime? _____ Details _____

Total # of Persons Occupying this Apartment: _____ List all additional occupants below. Include Date Of Birth if under 18.

Name: _____ DOB ____/____/____ Name: _____ DOB ____/____/____

Name: _____ DOB ____/____/____ Name: _____ DOB ____/____/____

Are you completing the application for someone other than yourself? No Yes If yes, please explain on the back.

Names of nearest relatives to be notified in case of emergency

1. _____ City/State _____ How Rel.? _____ Tel. # _____

2. _____ City/State _____ How Rel.? _____ Tel. # _____

Number Autos _____ Make & Year _____ Plate # _____ State _____

Make & Year _____ Plate # _____ State _____ Make & Year _____ Plate # _____ State: _____

FOR USE IN OFFICE ONLY **FOR USE IN OFFICE ONLY** **FOR USE IN OFFICE ONLY**

I/WE UNDERSTAND THAT A SECURITY DEPOSIT OF \$ _____, A KEY DEPOSIT OF \$ _____ AND A SWIM CLUB FEE OF \$ _____ ARE REQUIRED, PAYABLE IN ADVANCE. THE MONTHLY RENTAL WILL BE \$ _____ PAYABLE IN ADVANCE ON THE FIRST DAY OF EACH MONTH. THE PERIOD OF TENANCY WILL BE _____ MONTHS COMMENCING _____.

It is understood that above statements are true and that consent is given to the Agent or to Landlord to verify the above facts, and applicant agrees to hold harmless the Landlord from any and all claims as a result of such inquiries. It is also understood and agreed that misrepresentation, falsification or omission of facts called for is just cause for the lessor to void as null any lease pending or in effect and require said lessee to vacate said premises on demand. It is also understood that this application is merely for consideration and is not to be construed as permission to occupy the premises. Applicant agrees in the event an apartment is offered and applicant fails to accept same or enter into a written lease, landlord shall be entitled to deduct from the monies paid \$35.00 as costs of administration and to apply the balance of monies paid toward any loss of rental income.

DATED _____ SIGNED _____
Applicant #1 Signature

LEASING AGENT _____ SIGNED _____
Applicant #2 Signature

Occupancy Date _____ Apt. # _____

DEPOSIT \$ _____ **Application Fee \$** _____

