

Application Fee: \$ _____

NEW JERSEY RENTAL APPLICATION



PROPERTY FOR WHICH THIS IS AN APPLICATION			
DATE OF APPLICATION	ADDRESS	CITY	STATE/ZIP
LANDLORD		LANDLORD BUSINESS PHONE	

Applicant Legal Name: First _____ MI _____ Last _____ Date of Birth _____

Applicant Home Phone Number _____ Applicant Social Security Number _____

Present Address _____ Apt. No. _____ City _____ State/Zip _____

Monthly Mortgage Payment _____ OR Monthly Rental Payment _____ Lease Expiration Date _____

Resided: From _____ To _____ Name of Present Mortgage Co. or Landlord _____

Reason for Moving _____ Present Landlord Phone Number _____

Previous Address _____ Apt. No. _____ City _____ State/Zip _____
(if at present address less than (2) years)

Monthly Mortgage Payment _____ OR Monthly Rental Payment _____ Lease Expiration Date _____

Resided: From _____ To _____ Name of Present Mortgage Co. or Landlord _____

Reason for Moving _____ Present Landlord Phone Number _____

Co-Applicant Legal Name: First _____ MI _____ Last _____ Date of Birth _____

Co-Applicant Home Phone Number _____ Co-Applicant Social Security Number _____

Present Address _____ Apt. No. _____ City _____ State/Zip _____

Monthly Mortgage Payment _____ OR Monthly Rental Payment _____ Lease Expiration Date _____

Resided: From _____ To _____ Name of Present Mortgage Co. or Landlord _____

Reason for Moving _____ Present Landlord Phone Number _____

Applicant's Employer _____ Position _____ Bus. Phone _____

Business Address _____ Length of time employed _____

Immediate Supervisor _____ Weekly/Annual Salary _____ Other Income _____

If Military: Rank/Rate _____ Branch _____ Length of Service _____

Previous Employer _____ Position _____ Bus. Phone _____
(if current employment is less than 2 years complete the following)

Business Address _____ Length of time employed _____

Immediate Supervisor _____ Weekly/Annual Salary _____ Other Income _____

Co-Applicant's Employer _____ Position _____ Bus. Phone _____

Business Address _____ Length of time employed _____

Immediate Supervisor _____ Weekly/Annual Salary _____ Other Income _____

If Military: Rank/Rate _____ Branch _____ Length of Service _____

Previous Employer _____ Position _____ Bus. Phone _____
 (if current employment is less than 2 years complete the following)

Business Address _____ Length of time employed _____

Immediate Supervisor _____ Weekly/Annual Salary _____ Other Income _____

Applicant Driver's License Number _____ Auto License Plate _____

Co-Applicant Driver's License Number _____ Auto License Plate _____

Any Pets? Yes _____ No _____ Type _____ Number _____ Description _____

Total Number of Occupants _____

Request Competitive Quote on Renters Insurance? Yes _____ No _____

Would you or co-applicant like to know how to qualify to buy a home? Yes _____ No _____

Have you or co-applicant ever been evicted or had judgments or liens entered against either or you? Yes _____ No _____

Is Applicant or co-applicant a party to any Lawsuit? Yes _____ No _____

Is Applicant or co-applicant obligated to Pay Alimony or Child Support? Yes _____ No _____

REFERENCES

Applicants Personal References (other than relatives)		
NAME	ADDRESS	PHONE NO.
1		
2		

Co-Applicants Personal References (other than relatives)		
NAME	ADDRESS	PHONE NO.
1		
2		

(Applicant) FINANCIAL HISTORY

BANK NAME	SAVINGS/CHECKING/CREDIT CARD	ACCOUNT #	CURRENT BALANCE \$

(Co-Applicant)

BANK NAME	SAVINGS/CHECKING/CREDIT CARD	ACCOUNT #	CURRENT BALANCE \$

Will Applicant's Employer be Responsible for Payment of Rent? Yes _____ No _____

MONTHLY PAYMENTS (Payments of 3+ mos. duration, e.g., Mortgage, Auto)

(Applicant)

TO:	FOR	BALANCE	MONTHLY PAYMENT \$

(Co-Applicant)

TO:	FOR	BALANCE	MONTHLY PAYMENT \$

Have you or co-applicant ever filed for Bankruptcy? _____ If yes: Date Filed _____ State _____

EMERGENCY CONTACT NOT LISTED ABOVE		
NAME	PHONE	RELATIONSHIP
ADDRESS	CITY	STATE/ZIP

BROKERAGE FEE

To be paid by: _____ Landlord _____ Tenant

RENT

One month's rent, in the amount of \$ _____ is due by _____ is to be held by _____.

SECURITY DEPOSIT

One and a half months security deposit, in the amount of \$ _____ is due by _____ is to be held by _____.

COMMISSION

Commission, in the amount of \$ _____ is to be paid at the time the lease agreement has been executed by landlord and tenant **IF TENANT IS RESPONSIBLE FOR PAYMENT.**

LANDLORD'S PERMISSION MUST BE OBTAINED FOR PETS, WATERBEDS, AND OTHER FURNITURE AND/OR EQUIPMENT OR POSSESSIONS OF TENANT, WHICH POSSESSIONS COULD CAUSE DAMAGE TO THE PREMISES. ALL SUCH PETS AND/OR POSSESSIONS OF TENANT MUST BE SPECIFICALLY SET FORTH IN THE LEASE.

LANDLORD ACKNOWLEDGES RECEIPT OF THIS APPLICATION ON _____ . THE LANDLORD RESERVES THE RIGHT TO ACCEPT OR DECLINE THIS APPLICATION.

I/WE REPRESENT THAT THE PREMISES SHALL NOT BE USED FOR ANY ILLEGAL OR RESTRICTED PURPOSE(S) AND CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

I/WE HEREBY AUTHORIZE THE PERSON OR FIRM TO WHOM THIS APPLICATION IS MADE, ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY SUCH PERSON, TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY.

I/WE ACKNOWLEDGE RECEIPT OF THE CONSUMER INFORMATION STATEMENT ON NEW JERSEY REAL ESTATE RELATIONSHIPS.

Signature of Applicant Date
Applicant Acknowledged Receipt of Copy of this Application

Signature of Co-Applicant Date
Co-Applicant Acknowledged Receipt of Copy of this Application

Brokerage Firm

Agent(s)

Address

Phone Number