

# RENTAL APPLICATION FORM

Please Make Checks Payable To:



929 New Hampshire Ave #2101  
Lakewood, NJ 08701

Each person over the age of 18 must submit a separate application.  
Lease term 1 year.

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Best Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

(If less than 2 years at current address, please list previous address on back of application.)

How did you hear about us? \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Supervisor's Name / Reference: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per week / month / year

Additional Income: \$ \_\_\_\_\_ per week / month / year Please Specify Source: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Account #: \_\_\_\_\_ Checking  Savings

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Additional persons to occupy apartment under the age of 18:

Name	Relationship	Age	Date of Birth
1. _____	_____	_____	_____/_____/_____
2. _____	_____	_____	_____/_____/_____
3. _____	_____	_____	_____/_____/_____

Do you have any pets? Yes  No  If so, what kind? \_\_\_\_\_ How many? \_\_\_\_\_

**The undersigned applicant hereby authorizes verification of any and all information set forth on this application, including release of information by employer, consumer reports, rental history, criminal reports, lenders or by any other means necessary to obtain information. All such information herein, and released as authorized above, will be kept confidential.**

**APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE.**

A \$100.00 non-refundable application fee is required in order to process the application and must be paid with a money order or certified check made payable to Hampshire Crossing. Such sum is not a rental payment or deposit amount. In the event that the application is approved or disapproved, this sum will be retained by management to cover the cost of processing the application as furnished by applicant. This application must be signed before it can be processed.

A \$350.00 holding fee is required to hold a specific apartment, and if the application is accepted, will go towards the 1<sup>st</sup> full month's rent. This fee must be paid with a money order or certified check made payable to Hampshire Crossing. If the application is denied, the fee will be refunded to applicant. If applicant cancels the application, they must submit their request in writing within 5 days from the approval date to receive a refund. If after 5 days applicant refuses to occupy the premises on the agreed upon date, he/she understands that the holding fee will be forfeited.

I AGREE TO ALL PROVISIONS. ALL INFORMATION PROVIDED IS COMPLETE AND CORRECT.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FOR OFFICE USE ONLY	
Move In Date: _____ / _____ / _____	
Apt #: _____ Unit: _____ Bed _____ Bath _____	
Pro-rate Rent: _____ days @ \$ _____	
Monthly Rent: \$ _____ / month	Pet Rent: \$ _____ N/A <input type="checkbox"/>
Security Deposit: \$ _____	Yardi Applicant Code: _____
Application Fee Paid <input type="checkbox"/>	\$350 Holding Fee Collected <input type="checkbox"/> N/A <input type="checkbox"/>
Income Verified <input type="checkbox"/>	Landlord Verified <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Approved By: _____	Approval Date: _____ / _____ / _____