

# RENTAL APPLICATION

All adults, 18 years and older must complete an application and submit it with the application fee of \$75.00. Checks are to be made payable to: 255 Nassau Corp. Please type or print clearly.

Requested Move-in Date:	/ /	Number o	of Adults:	Children u	nder 18:	
Apt. Preference: #1	Base Rent: _\$	§3,500.00	Apt. Prefer	ence: <u>#2</u>	Base Rent:	_\$5,000.00
Applications are reviewed and sources included but not limited	•			_		U
SECTION 1: HOUSEHOLD						
TENANT' NAME			<u> </u>	DOB		
Email	Но	ome Phone		CELL		
Driver's License Number			State:	Exp Date		
Social Security Number:		Visa #		Exp Da	te	
OCCUPANTS: (Fully completed applications required for Occupants 18 years and older)						
Name:		Relation	ship:		Age	
Name:		Relation	ship:		Age	
Name:		Relation	ship:		Age	
EMERGENCY CONTACT		Relation	nship	Cell _		
PROPOSED PETS: (Please submit a photograph of each pet with pet application.)						
Name	Type:	Bree	ed:	Weigh	t:	

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\_\_Weight: \_\_

Breed:\_

Type:\_\_\_

Name\_

## **SECTION 2: HOUSING HISTORY**

Current Address:		City	StateZip:
Monthly Rent \$	Monthly Mortgage \$	Lease/N	Mortgage Start Date
Landlord/Mortgage Co	mpany:		Phone:
Reason for moving:			
If less than 5 y	vears at above address:		
Previous Address:		City	StateZip:
Monthly Rent \$	Monthly Mortgage \$	Numbe	er of years at this address:
Landlord/Mortgage Co.	mpany:		Phone:
Reason for moving:			Move-out Date:
SECTION 3: EMPLOY  Current Employer:		Superv	risor;
Address:			tate, Zip:
			on:
Start Date:	End Date:	Gross	Monthly Income: \$
If less than 5 y	vears at above employment:		
Previous Employer:		Superv	risor:
Address:		City, S	tate, Zip:
Work Phone:		Positio	on:
Start Date:	End Date:	Gross	Monthly Income: \$

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## **SECTION 4: INCOME/EXPENSES**

ANNUAL INCOME:						
Gross Salary/Wages:		<u> </u>				
Other Income Source:						
Other Income Source:						
Child Support Receiving		\$				
	Total Annual Income:	\$				
ANNUAL EXPENSES:						
Auto:		\$				
Credit Cards:						
Other:		\$				
Other:		\$				
Child Support Payments:		\$				
	Total Annual Expenses:	\$				
SECTION 5: BANKING/INVESTMENT/SAVINGS INFORMATION						
Financial Institution	Account Number	Current Balance/Value	Annual Interest Earned			
		\$	\$			
		\$	\$			
		\$	\$			
	Total Projected Annual I	Interest/Income (from this section)	): \$			
SECTION 6: ADDITIO	NAL INFORMATION					
•	1 ,	7 years? If Yes, what year?				
2. Are you subject a st	ate sex offender registry, lit	fetime registration requirement? _	Yes No			
SECTION 7: OPTION	IS					
PARKING SPACES: OPEN PERMIT (*\$75.00) RESERVED PERMIT (*\$125.00)						
STORAGE INTERIOR *Per vehicle, per monta	(\$125.00) STOR	RAGE EXTERIOR				

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#### SECTION 8: AUTHORIZATION TO VERIFY INFORMATION

I understand and agree that the above information will be verified by 255 Nassau Corp. by and through its agents or employees, by obtaining a credit report, and any other reports deemed necessary by 255 Nassau Corp. I authorize 255 Nassau Corp., by and through its agents or employees, to obtain and verify all credit and rental history information for the purpose of determining whether to lease an apartment to the applicant.

I certify that all the information contained in this Application is true, correct and complete and acknowledge that providing false information is cause to be rejected as an Applicant, Tenant and/or may result in eviction.

#### Applicant acknowledges that:

- a. The Application Fee is a nonrefundable payment for the processing of this Application. and must be submitted with the fully completed and signed application.
- b. The Application Fee is not a rental payment or security deposit.
- c. The Application understands that Referrals Only, Inc. ("Manager") and Leasing Agents are working on behalf of the property Owner and they are fiduciarily responsible to the Owner in all matters relating to the property in which your apartment is located. An Agency relationship exists between the Manger and Owner.
- d. The Manager and Owner operates this property in full compliance with all applicable Fair Housing Laws including, Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64, (FCHA) and the accompanying rules, N.J.A.C. 13:5. If you believe that any owner, agent, employee, or designee of Owner, Manager, or their Agents has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at www.NJCivilRights.gov 1-866-405-3050.

SPECIAL REQUIREMENTS OR COMMENTS:					
APPLICANT SIGNATURE:		DATE:			
OFFICE ONLY:					
	Dates				
Application and Fee Received:					
NTN Review Completed:					
Date Applicant Emailed Notification:					

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