



## Residential Tenancy Application APPLICATION SCREENING DISCLOSURE

Thank you for applying to rent one of our quality rental units. Please read below to learn about our application screening process and what you can expect. If you have any questions, don't hesitate to contact us at 973-996-8191

### Application Process:

- We offer application forms to everyone who inquires about the rental.
- We review applications in the order they are received by us.
- We may require up to 5 business days to verify information on the application; however, most applications are processed in 2-3 days.
- If we are unable to verify information on the application, the application may be denied.

### Identification:

- Applicants must submit valid identification, must include photograph.
  - Government ID is preferred (drivers license)

### Prior Rental History:

- Rental history of 2 years (if applicable) must be verifiable from unbiased/unrelated sources.
- Applicant must provide us with information necessary to contact past landlords. We reserve the right to deny any application if, after making good faith effort, we are unable to verify prior rental history.

### Sufficient Income/Resources:

- Net household income shall be at least 3 times the rent (excluding utilities).
- Income/resources must be verifiable through pay stubs, employer contact, current tax records, and/or bank statements.

### Credit/Criminal/Public Records Check:

- Negative reports may result in denial of application.
- Any individual who is a current illegal substance abuser, or has been convicted of the illegal manufacture or distribution of a controlled substance, or of a felony may be denied of tenancy.

### Screening Process:

- We determine, based on the application, whether the applicant meets our screening guidelines.
- We verify income and resources.
- We check with current and previous landlords.
- We obtain a credit report, criminal records report, and public records report.

### You can fax your application to us at:

- Fax: 818-450-0940
- Mail: 52 South 13<sup>th</sup> Street, Newark, NJ 07107
- Or for hand delivery, please call us at 973-996-8191 to set up an appointment



**APPLICATION FOR RESIDENTIAL TENANCY**

This is a rental application **only** and does not constitute acceptance of the applicant as a tenant, nor a rental agreement or tenancy relationship between the parties. Inaccurate or falsified information will be grounds for denial of the application or eviction from the premises.

**Property Address** \_\_\_\_\_ **REQUESTED MOVE IN DATE** \_\_\_\_\_

**1. APPLICANT NAME** (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
EMPLOYED BY FIRM \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
HOW LONG - years \_\_\_\_\_ months \_\_\_\_\_ POSITION \_\_\_\_\_  
MONTHLY GROSS PAY \$ \_\_\_\_\_

**If not employed, please list alternative income:**

OTHER INCOME (describe) \$ \_\_\_\_\_ MONTHLY GROSS PAY \$ \_\_\_\_\_  
(For example, unemployment, TANF/GA, SSI, SSD, Pension, Social Security, Etc.)

List the name of the organization or agency administering your alternative income payments. Please also provide the case manager's name and contact information.

If applicable, please check any and all subsidy programs that you or any member of your household is a participant.  
\_\_\_\_ HOPWA \_\_\_\_ TRA (Emergency Assistance) \_\_\_\_ Section 8 \_\_\_\_ Rapid Rehousing \_\_\_\_ Homeless Prevention

**2. SPOUSE OR PARTNER**

**NAME** (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
EMPLOYED BY FIRM \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
EMPLOYER ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
HOW LONG - years \_\_\_\_\_ months \_\_\_\_\_ POSITION \_\_\_\_\_  
MONTHLY GROSS PAY \$ \_\_\_\_\_ OTHER INCOME (describe) \$ \_\_\_\_\_

**If not employed, please list alternative income:**

OTHER INCOME (describe) \$ \_\_\_\_\_ MONTHLY GROSS PAY \$ \_\_\_\_\_  
(For example, unemployment, TANF/GA, SSI, SSD, Pension, Social Security, Etc.)

List the name of the organization or agency administering your alternative income payments. Please also provide the case manager's name and contact information.



**3. OTHER ADULT**

**OCCUPANTS**

NAME (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 TELEPHONE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
 EMPLOYED BY FIRM \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 EMPLOYER ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
 HOW LONG - years \_\_\_\_\_ months \_\_\_\_\_ POSITION \_\_\_\_\_  
 MONTHLY GROSS PAY \$ \_\_\_\_\_ OTHER INCOME (describe) \$ \_\_\_\_\_

NAME (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 TELEPHONE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
 EMPLOYED BY FIRM \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 EMPLOYER ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
 HOW LONG - years \_\_\_\_\_ months \_\_\_\_\_ POSITION \_\_\_\_\_  
 MONTHLY GROSS PAY \$ \_\_\_\_\_ OTHER INCOME (describe) \$ \_\_\_\_\_

**A. PRESENT ADDRESS** \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOW LONG years \_\_\_\_\_ months \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_  
 LANDLORD \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**B. PREVIOUS ADDRESS** \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOW LONG years \_\_\_\_\_ months \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_  
 LANDLORD \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOW LONG years \_\_\_\_\_ months \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_  
 LANDLORD \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**USE BACK IF NECESSARY FOR ADDITIONAL LANDLORDS**

**C. PERSONAL REFERENCE:** (Local, if possible)

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**D. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**E. VEHICLES TO OCCUPY THE PARKING SPACE OR GARAGE:**

Year \_\_\_\_\_ Make \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

**F. FULL NAMES AND AGES OF NON ADULT PERSONS TO OCCUPY THE DWELLING AND WHO IS NOT LISTED ABOVE:**

(NOTE: Occupancy is limited to individuals listed.)



Name

Age

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Why are you leaving your current residence? \_\_\_\_\_  
 How did you find out about our rental?  newspaper  drive-by  word of mouth  other \_\_\_\_\_  
 Have you given legal notice where you now live?  yes  no  
 Do you intend to have house pets at this residence?  yes  no If yes, what kind & how many of each \_\_\_\_\_

**AUTHORITY FOR RELEASE OF INFORMATION**

This release will constitute my/our consent and authority to examine statements and information regarding my/our background. I/We authorize you to contact my/our present and previous landlords, law enforcement agencies, credit agencies, and other references listed above. I/We hereby authorize the release of any and all data or records to [YOUR COMPANY NAME].. This authorization is given in connection with a financial, criminal and previous rental history investigation being conducted relative to my/our application for credit dealing with rental property. I/We acknowledge that my/our application fee will not be refunded if the Landlord does not accept this application.

I/We understand that I/we acquire no rights in a rental unit until I/we sign a Rental Agreement on the rental unit (noted above) to be held in accordance with the Rental Agreement.

I/We declare the foregoing to be true under penalty of perjury. I/We agree that the Landlord may terminate any agreement entered into in reliance on any misstatement made above.

I/We understand that my/our rent will commence upon the date of approval of my/our rental application and the availability of the dwelling, whichever occurs later.

I/We acknowledge that I/we've been provided with a Notice of Reasonable Accommodation.

Signature of Applicant

Date

Signature of Co-Applicant

Date

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Account: _____
Approved: _____ Date _____
Denied: _____ Date _____
Reason: _____