

# THE KAMSON CORPORATION

## COMMUNITIES FOR BETTER LIVING

### Elizabeth Gardens Apartments

648 Jefferson Avenue, Elizabeth, New Jersey, 07201

Phone Number: (908) 289-3558

Fax: (908) 289-3560

### Application For Lease

**Must be completed in its entirety to be processed.**

All verification services to be provided to ELIZABETH GARDENS APARTMENTS under terms of this agreement entered into with a licensed contracted consumer credit agency and the accuracy thereof shall be conditioned by the requirement that applicant and customer provide the following information as to the individual applicants below. Where inapplicable information is requested, mark N/A. Applicant and customer shall sign and date this document in appropriate space below prior to its submission to a licensed contracted consumer credit agency. Multiple applicants, including spouse, must complete and sign.

The undersigned hereby agrees to execute a lease, in the event of the approval if the rental application for apartment \_\_\_\_\_ for the term of \_\_\_\_\_ commencing on (approximately) \_\_\_\_\_ at a monthly rate of \$ \_\_\_\_\_ payable monthly in advance on the first day of each month.

In the event the rental application is approved, the owner or agent may apply the reservation fee of \$300.00 towards rent or to become due unless the undersigned cancels the application. All monies are to be paid in the form of a money order or certified check, other than the money paid for the rental application. In addition, a security deposit, or a security deposit alternative, will be due upon signing the lease. **If the application is approved and was not cancelled the undersigned chooses not to enter into the lease, the reservation fee could be forfeited as liquidated damages incurred by the owner as a result of not having been able to rent the apartment to another party during this time. Upon signing the lease, the first month's rent and/or prorated rent, security deposit, or security deposit alternative and any other fees must be paid in full before any apartment keys will be given out.**

The undersigned has read the foregoing and certifies that the facts set forth in the accompanying rental application are true and correct and that the rental application submitted for the purpose of inducing approval of the application in the undersigned's behalf. In the event that this application is not approved, the undersigned shall be entitled to have the return of the reservation fee made and no more, and all rights of the undersigned shall thereupon terminate and end absolutely. **The \$35.00 fee per applicant for investigation of the undersigned's application is under no circumstances refundable. Landlord does not provide renter's insurance. It is mandatory that all residents purchase and maintain a tenant or renter's liability insurance policy at the sole expense of the resident for the length of their tenancy. At time of lease signing, new resident must provide a copy of the liability insurance policy.**

APPLICANT NAME \_\_\_\_\_ Date of birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last

CO-APPLICANT NAME \_\_\_\_\_ Date of birth \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last

App. Drivers Lic. No. \_\_\_\_\_ State \_\_\_\_\_ Co-App. Drivers Lic No. \_\_\_\_\_ State \_\_\_\_\_

Other Occupants: \_\_\_\_\_  
Name SS# Age Relationship

\_\_\_\_\_ Name SS# Age Relationship

APPLICANT Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt# City State Zip

From: \_\_\_\_\_

Dates: To: \_\_\_\_\_  
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. \$ Loan#

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

Have you ever been evicted from any leased premises? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**APPLICANT**

Previous Address \_\_\_\_\_  
Street Apt.# City State Zip

Previous Apt. Name or Landlord \_\_\_\_\_  
Address Phone How long?

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

**APPLICANT EMPLOYER** \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Business address \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Additional monthly income (if any) \_\_\_\_\_ Source \_\_\_\_\_

**CO-APPLICANT** Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt.# City State Zip

From: \_\_\_\_\_

Dates: To: \_\_\_\_\_  
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. \$ Loan#

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

Have you ever been evicted from any leased premises? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain \_\_\_\_\_

**CO-APPLICANT**

Previous Address \_\_\_\_\_  
Street Apt.# City State Zip

Previous Apt. Name or Landlord \_\_\_\_\_  
Address Phone How long?

Monthly Payment \_\_\_\_\_ Reason for moving \_\_\_\_\_

**CO-APPLICANT EMPLOYER** \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Employed since \_\_\_\_\_ Gross weekly salary \_\_\_\_\_

Business address \_\_\_\_\_

Additional monthly income (if any) \_\_\_\_\_ Source \_\_\_\_\_

**BANKING INFORMATION**

**APPLICANT**

Bank Name and Branch \_\_\_\_\_  Checking

Bank Name and Branch \_\_\_\_\_  Savings

**CO-APPLICANT**

Bank Name and Branch \_\_\_\_\_  Checking

Bank Name and Branch \_\_\_\_\_  Savings

**CREDIT INFORMATION**

**APPLICANT**

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

**CREDIT INFORMATION**

**CO-APPLICANT**

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

Name \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_ Mo. Payment \_\_\_\_\_ Open  Closed

**VEHICLE INFORMATION**

Year & Make \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_

Year & Make \_\_\_\_\_ Color \_\_\_\_\_ Tag No. \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_

**OFFICIAL USE: LEASE INFORMATION**

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Move in date \_\_\_\_\_

Size of Apt: \_\_\_\_\_ Monthly Rental \_\_\_\_\_ Yearly Rental \_\_\_\_\_

Pro rate \_\_\_\_\_ Reservation fee\$ \_\_\_\_\_

BALANCE DUE UPON EXECUTION OF LEASE BY CERTIFIED CHECK OR MONEY ORDER\$ \_\_\_\_\_ SECURITY DEPOSIT\$ \_\_\_\_\_

I or we proclaim that all of the information provided in this rental application is true and accurate. In the event the information I or we have provided is found to be false, I or we understand that the application will be denied. In the event it is found that information provided in the application is false after I or we take possession of an apartment; I or we acknowledge that eviction proceedings will commence immediately, I or we authorize Elizabeth Garden Apartments to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental property owners, employers and personal references. Re-verification of preliminary findings is not required.

APPLICANTS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION TAKEN BY \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_ UNIT TYPE \_\_\_\_\_ MONTHLY RENT\$ \_\_\_\_\_ MOVE IN DATE \_\_\_\_\_ AFTER 2PM \_\_\_\_\_

PET YES  NO  TYPE? \_\_\_\_\_

KIND \_\_\_\_\_ WEIGHT \_\_\_\_\_ NAME \_\_\_\_\_