



Garden State Realty Management
 "Where good property management doesn't cost. It pays!"

Non-refundable application fee. \$40 for 1st application & \$30 for each additional Application. (exact cash or money order only accepted.) Must return with copy of Drivers License, S.S. Card and 3 most recent pay stubs. Incomplete applications will not be accepted.

RENTAL APPLICATION & TENANT RELEASE FORM

THE INFORMATION ON THIS PAGE IS TO BE COMPLETED BY THE PROSPECTIVE TENANT FOR THE PURPOSE OF OBTAINING A RENTAL LEASE.

Residency can be denied on the basis of unsatisfactory review of employment verification, personal references, insufficient or prior landlord references, insufficient history of paying rent or employment, criminal history, medical certification, or any other personal information revealed by the applicant or our due diligence. We do not discriminate on the basis of age, race, religion, national origin or sexual orientation. All residents must be capable of living independently and must not rely upon others for their care, hygiene, feeding, or medication. Any misrepresentation on this application can be grounds for termination of tenancy.

Date: _____ Subject Building: _____ Rent: _____ Anticipated Move in Date: _____

Applicant Name-First, Middle, last _____ Birth Date mm/dd/year _____

CURRENT ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____

Driver License # _____ Social Security Card _____ Email _____

CURRENT LANDLORD'S NAME _____ ADDRESS _____ PHONE NUMBER _____

PREVIOUS ADDRESS (IF LESS THAN 2 YEARS): _____ CITY _____ STATE _____ ZIP CODE _____

PREVIOUS LANDLORD'S NAME _____ ADDRESS _____ PHONE NUMBER _____

APPLICANT'S EMPLOYMENT INFORMATION:

NAME: _____ ADDRESS _____ STATE _____ PHONE NO _____ EMPLOYED SINCE _____ WEEKLY SALARY _____

1. _____

2. _____

GROSS HOUSEHOLD MONTHLY INCOME: _____

HAVE YOU EVER FILED FOR BANKRUPTCY? YES _____ NO _____ IF YES LIST THE STATE AND THE DATE FILED: _____

HAVE YOUR EVER BEEN CONVICTED OF ANY CRIME? YES _____ NO _____ IF YES LIST THE STATE AND NATURE OF THE OCCURRENCE: _____

HAVE YOU EVER BEEN TAKEN TO LANDLORD/ TENANT COURT? YES _____ NO _____ IF YES PLEASE EXPLAIN? _____

LIST TWO (2) PERSONAL REFERENCES (MUST NOT BE RELATED TO THE APPLICANT) Name and best number to contact them at.

1. _____

2. _____

*I hereby grant Garden State Realty Management and/or its designee the right to process this credit application at this time or any other time in the future we deem necessary for the purpose of obtaining a rental lease and or collecting a debt. In compliance with the **FAIR CREDIT REPORTING ACT**, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information. This application and documentation supplied shall remain the property of the landlord regardless if rental lease is granted.*



For Rooming house applicants Only!

Next Of Kin, Name: _____ Phone #: _____

If over age 62, please provide the following:

Personal Physician Name: _____ Telephone#: _____

Address: _____

In the last 12 months (or are you currently) institutionalized and/or under medical care, rehabilitation program, anger management program, clinical study, clinician, or 12-step program [] YES [] NO

Please describe: _____

Do you receive or require continuing in-home care, supervision, or monitoring [] YES [] NO

Please describe: _____

Physician/Program Name _____ Phone () _____ Contact _____

Care Agency Monitor _____ Phone () _____ Contact _____

THIS HOUSE IS NOT A LICENSED CARE FACILITY. Under N.J.A.C. 5:27-3.5(a) and 5:27-8.1(b)1, *we may require medical certification from a licensed physician to determine whether your residency is appropriate at this location.* We may ask your medical history, what medications you take, what services you require, how frequently you need these services, and any other information deemed necessary to confirm that you are not in need of a higher level of care than we can provide under our license. By signing below, you authorize the release of all medical information necessary to determine appropriateness of placement.

DATE: _____ APPLICANT SIGNATURE: _____