



FAIRVIEW APARTMENTS

371-377 Bergen Boulevard

Fairview, NJ 07022

APPLICATION FOR RESIDENCY

Requested Move-in Date: _____ Unit #: _____ Rent (\$): _____ Leasing Specialist: _____

Applicant Information:

Full Name of Applicant: _____

Former Last Name (Maiden or Married): _____

Phone Number: _____ Email: _____

Applicant Social Security #: _____ Birthdate: _____

Driver's License # and State: _____ Governmental Photo ID Card #: _____

Residency History: (must include 2 years history)

Current Address: _____

Name of building where you live: _____

Current Rent (\$): _____

Number of Years at Building: _____

Current Landlord/Manager's Name: _____

Phone # for Contact Above: _____

Reason for Leaving Current Residence: _____

Previous Address: _____

Previous Rent (\$): _____

Number of Years at Building: _____

Previous Landlord/Manager's Name: _____

Phone # for Apartment Contact: _____

Employment History: (must include 2 years history)

Present Employer: _____

Address: _____

City/State: _____

Position: _____

Gross Annual Income: _____

Start Date of Job: _____

Supervisor's Name: _____

Supervisor's Phone #: _____

Previous Employer: _____

Address: _____

City/State: _____

Position: _____

Gross Annual Income: _____

Start Date of Job: _____

Supervisor's Name: _____

Supervisor's Phone #: _____

Other Unit Occupants: Please include full names and the below request information for any persons who will occupy the unit.

<u>Name:</u>	<u>DL or ID Car #:</u>	<u>S.S. #:</u>	<u>D.O.B.:</u>	<u>Sex:</u>	<u>Relationship:</u>

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Property Parking:

Applicant is requesting _____ parking spaces at the apartment complex (maximum of two spots per apartment).

<u>Make & Model of Vehicle:</u>	<u>Color:</u>	<u>Year:</u>	<u>License Plate #:</u>	<u>State:</u>

Emergency Contact:

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone #: _____
 Secondary Phone #: _____
 Relationship: _____

If you are seriously ill, missing, or in a jail or penitentiary according to an affidavit of the above person, or if you die you authorize (check one or more) the above person, your spouse and/or your parent to enter our dwelling to remove and store all contents as well as your property in the mailbox, storerooms and common areas. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We are not legally obligated to do so.

Pet Information:

Will there be a pet in the unit? ____ Yes ____ No
 Type of Pet: _____
 Breed: _____
 Sex: _____ Color: _____
 Weight: _____ Age: _____
 Name: _____
 Does the Pet have all its vaccines? _____

Note: Keeping pets requires the consent of management, payment of applicable fees/deposits, and execution of a Pet Addendum. Residents are responsible for the action of their pets at all times and must obey all building rules with respect to pets and ensure that their pets do not interfere with other resident's enjoyment of the premises.

Rental/Criminal History:

Have you or an intended occupant listed above ever (please indicate "yes" or "no"):

- | | |
|---|---|
| ____ Been evicted or asked to move out? | ____ Broken a rental agreement or apartment lease? |
| ____ Declared bankruptcy? | ____ Been sued for non- payment of rent? |
| ____ Been sued for damage to rental property? | ____ Been convicted of a felony? |
| ____ Received deferred adjudication for a felony? | ____ Pleaded Guilty of "No Contest" to a Misdemeanor or Felony Involving Sexual Misconduct? |
- If so, name of State: _____

Please indicate the year, the type and the location of each felony. Applicants should note that we may need to discuss more facts about any listed incidents before making a decision:

Please explain any "yes" responses above:

Are You Legally Eligible To Live In The United States: (Please Check One Below)

- ____ Yes, I am a U.S. Citizen
 ____ Yes, I have valid documentation from the U.S. Immigration and Naturalization Service (INS) that allows me to be in the Country.

Please list source of documentation: _____ List ID #: _____



Deposit, Credit Report, Criminal Background Check & Renter's Insurance:

The undersigned warrants and represents the information on this rental application to be true and correct. Management relies upon the accuracy of the information contained in this application in determining whether to approve or reject your application. The terms of this application are deemed to be incorporated in the lease if the application is approved and if the applicant misrepresents any information in this application then this misrepresentation will be deemed a material and non-curable breach of the lease, which will result in a termination of the lease. I hereby leave \$ _____ with S.H.N.I.R. Apartment Management Corp. in the form of a check or money order in connection with this application for residency. Of this amount, \$85.00 is a non-refundable payment for processing this application and \$ _____ is for the Amenity Fee, which is paid on an annual basis as set forth in the lease. The remainder, \$ _____ is a good faith deposit in connection with this application. If this application is approved, I understand that the good faith deposit will be applied as my Security Deposit. If the application is denied, the good faith deposit will be returned in full. If this application is approved, you will be offered the opportunity to sign a lease. If you do not sign a lease within three (3) business days of being notified of the approval of this application, and you have not provided notice that you will not be leasing the apartment unit, then the approval of this application and the offer to lease may be deemed automatically withdrawn and a portion, up to and including the entire deposit, which will be calculated on a per-diem rate based on your total monthly rental amount, will be retained by S.H.N.I.R. Apartment Management Corp. as liquidated damages, it being mutually agreed that actual damages may be hard to determine. You will then have to reapply if you wish to lease an apartment.

The undersigned acknowledges that a credit report will be secured for all applicants to verify account credit ratings and you hereby give your consent to S.H.N.I.R. Apartment Management Corp. to the fullest extent permitted by law to obtain a credit report on you. The results will be entered into the credit-scoring model, which determines applicant eligibility to rent and security deposit level (as applicable). Unfavorable accounts, which will negatively influence this score, include, but are not limited to: late payment history, collection, charge off, repossession and current delinquency.

The undersigned acknowledges that a criminal background check may be conducted for each applicant and you hereby give your consent to S.H.N.I.R. Apartment Management Corp. to the fullest extent permitted by law to obtain a criminal background check on you. The criminal search will be run for all addresses at which the applicant(s) has resided.

The undersigned further acknowledges that S.H.N.I.R. Apartment Management Corp. may obtain references from your prior landlord(s) your current and former employer(s) and you hereby give your consent to S.H.N.I.R. Apartment Management Corp. to the fullest extent permitted by law to obtain references from your prior landlord(s) and from your current and former employer(s).

S.H.N.I.R. Apartment Management Corp. requires you to maintain renter's insurance. The landlord does not cover your personal property and/or liability. Coverage is available through licensed agents and starts the day after you enroll or any future date that you select. Proof of the policy matching the lease term must be submitted prior to move-in and at each renewal, naming the landlord as additional insured. The policy must provide that S.H.N.I.R. Apartment Management Corp. will be notified at least ten (10) days before the policy is cancelled for any reason. Maintenance of renter's insurance is deemed to be a material and substantial term of your lease.

By signing this Application, you certify that all persons over eighteen (18) years of age who will be occupying the apartment home have completed and provided to us a separate Application of Residency, and that each such occupant will sign the Lease at the time required by us.

Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, prohibits discrimination in the rental of housing based on race, color, religion, sex, handicap, familial status or national origin. The Federal Agency, which administers compliance with this law, is the U.S. Department of Housing and Urban Development, Washington, DC 20410.

EQUAL CREDIT OPPORTUNITY ACT:

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency, which administers compliance with this law concerning this company, is the Equal Credit Opportunity, Federal Trade Commission, Washington, DC 20680.

THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY MANAGEMENT.

By signing below, applicant acknowledges that they have received, read and understood the qualification standards which detail the criteria upon which this application will be approved.

APPLICANT'S SIGNATURE AND DATE: _____

MANAGER'S SIGNATURE AND DATE: _____

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