

APPLICATION FOR RESIDENCY

Date	Apr	#		Sole Lease Ho	lder	Multiple Lease	Holders	
PERSONAL INFORMATION								
First Name		Middle Initial		Last Name			Suffix	
Social Security Number		Visa Number		If no SSN, are you in the US on a Visa?				
Date of Birth		Marital Status (optional)		Former Last Name (maiden/married)				
Drivers License Number					State License I	ssued in		
OCCUPANT INFORMATION - (pers	ons under 18 years of age)				No Additional	Occupants - Initi	al here	
Full Name]	DOB			Relationship		
Full Name]	DOB			Relationship		
Full Name]	DOB			Relationship		
Full Name]	DOB			Relationship		
RESIDENCE INFORMATION								
Street		(City			State		Zip
Phone Number]	Email Address					
Apt Community/Mortgage Co. Name]	Do you Rent o	r Own		Dates of Reside	ncy - From/To	
Monthly Payment	Reason for M	oving		Contact Name	& Phone Number	r for Rental Verif	ication	
PREVIOUS Street			City			State		Zip
Apt Community/Mortgage Co. Name			Did you Rent o	or Own		Dates of Reside	ncy - From/To	
Monthly Payment	Reason for Mo	oving		Contact Name	& Phone Number	r for Rental Verific	cation	
Have you ever been evicted or asked to Have you previously filed or are you cur				No No	Yes Yes	Date Filed		_
EMPLOYMENT INFORMATION/AD	DITIONAL INCOME							
Employer as of Move In Date]	Phone Number	•		Industry		
Street			City			State		Zip
Supervisor		:	Supervisor Pho	one Number		Dates of Emplo	yment-From/To	
Position			Annual Incom	e				
Additional Income Source		,	Additional An	nual Income				
PREVIOUS Employer			Phone Number			Industry		
Street			City			State		Zip
Supervisor		i	Supervisor Ph	one Number		Dates of Employ	vment-From/To	
Position		,	Annual Income	?				
PET INFORMATION	If you own pets, fill in below:	1	By initialing h	ere, I confirm t	hat this household	d is pet free:		
Number of Pets	Туре	Breed		Age	Weigh	nt	Color	
ASSISTANCE ANIMAL INFO	If you require an Assistance	Animal, fill in below	r:		ere, I confirm tl ired at this time			
Number of Assistance Animals Type		Breed		Age	Weigh		Color	

If this Application is approved, within 7 days of such approval you must submit reliable documentation from an appropriately licensed medical professional verifying that (i) you are disabled under federal or NJ law and that (ii) the animal ameliorates the effects of the disability.

By signing this Application, you hereby authorize us to call your medical provider to verify that (i) he or she has legitimately examined you,

(ii) you are disabled, and (iii) you have a disability-related need for the animal. We will not seek information about the nature or extent of any disability.

Letters from medical professional who have not legitimately examined or evaluated you will not be accepted.

If your Assistance Animal is approved, you agree to execute an Assistance Animal Lease Addendum.

VEHICLE INFORMATION	Ed	gewood Properties cannot guarantee	e parking for all vehicles lis	ted below.	
Make	Model	Year	Color	License Plate #	State
Make	Model	Year	Color	License Plate #	State
Make	Model	Year	Color	License Plate #	State
No Yes Have you ever been convicted of No Yes NOTE: Your criminal history wi or evidence of rehabilitation or o EMERGENCY INFORMATION	fetime registration require If Yes: When drug-related criminal activit If Yes: When Il be reviewed and consider other mitigating factors.	What State ed. You may provide evidence der	Explanation: of methamphetamine on the Explanation:		
First Name		Middle Initial		Last Name	Suffix
Street		City		State	Zip
Phone Number		Relat	ionship	Allow Key Access - yes	s or no
RESERVATION FEE - Lease e We will apply the Reservation Application and will not be	od Properties, Inc. ("we" executed within seven (7) on Fee in accordance wi refunded to you. Upon NTS MUST BE MADE P	, "us", or "our") the sum of the calendar days of application- th the provisions set forth bel receipt of this Application, A	\$300 ow. The Application F. pplication Fee and Res	, the undersigned ("y lication Fee as detailed below. ee is a non-refundable application f tervation Fee, we will set aside and to DGEWOOD PROPERTIES ASSUMES	ee for processing this
to sign a Lease until we advis 24 hours after you are notified Home, you will have 24 hou will terminate. If you do not If, for any reason, we decline to Lease (if you have not already	e you (in writing, in persect by us to accept or rejuing to pay all associated of timely notify us of your this Application, then we your solutions.	son or by telephone) that an Apect the Apartment Home, which deposits and you must sign a acceptance of the Apartment He will refund the Reservation Foxecution of the Lease, we will a	partment Home is avail you may do in writing lease within the specifi ome, we will thereafter lee to you in full. If we apply a portion of the I	ng list for an Apartment Home, you able, and you accept the Apartment in person or by telephone. If you ed timeframe or your rights to least have no obligation to lease the Apar approve this Application, we will ask eservation Fee to your first month this Application, and our approval,	Home. You will have accept the Apartment the Apartment Home to you. It that you execute the sent that is due upon
business hours to one of our us, in consideration for our h above will be Forfeited.	representatives at the lead aving held the Apartmen	sing office where the Apartmer int Home off the market and reso	nt Home is located. Cor erved the Apartment Ho	rmination Notice must be delivered acurrently with your delivery of the me for you, it is agreed that the Re-	Termination Notice to servation Fee specifie
		the Lease within the time require, and the Reservation Fee will		we will assume that you are not into	terested in proceeding
	* *			ication or rent the Apartment Home tory, criminal history and other in	
separate Application for Res our designated agent or empl Home to you. You understan to review your credit and crim methods. If you misrepresent any infor- terminated.	sidency, and that each su loyees, to obtain and ver d that should you enter ninal information, rental mation on the applicatio	nch occupant of the Apartment ify all credit and criminal infor- into the Lease for the Apartmen application, payment history and n you will be denied. In general	t Home will sign the Le mation for the purpose t Home, we and our desi and occupancy history	the Apartment Home have completed ase at the time required by us. You of determining whether or not to gnated agents and employees will hat for account review purposes and for are found after the Lease is signed,	authorize us, through lease the Apartment ive a continuing right r improving application your Lease will be
It is unlawful to discrimina other basis that may be prot			race, color, national or	igin, religion, gender, familial sta	tus, disability, or an
All Terms offered must be ap	pproved by the Property	Manager to be valid. All offers s upon credit i		minal approval. Actual rates/discoun	ts may change based
Signature of Applicant				Date	EQUAL HOUSING

Date

Leasing Consultant

FOR OFFICE USE ONLY:							
MARKETRA	TE INFORMATION	APPLICA	APPLICANT TERMS OFFERED				
(To be completed	d by Leasing Consultant)	(To be comp	oleted by Property Manager)				
Unit Type							
App Fee	\$	App Fee	\$				
Short Term Fee	\$	Short Term Fee	\$				
Furnished Fee	\$	Furnished Fee	\$				
Base Rent	\$	Base Rent	\$				
Mo Pet [®]	\$	Mo Pet	\$				
		RECURRING CONCESSION	\$				
Fire Insp or C/O	\$	Fire Insp or C/O	\$				
Amenity Fee	\$	Amenity Fee	\$				
Admin Fee	\$	Admin Fee	\$				
Sec Dep	\$	Sec Dep	\$				
Pet Dep	\$	Pet Dep	\$				
		ONE TIME CONCESSION	\$				
Exp MI Date & Term							
Preferred Employer							
	Property Manager Signature Da						