

APPLICATION FOR RESIDENCY

Date _____ Apt # _____ Sole Lease Holder Multiple Lease Holders-see Attached

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 Issued in		

OCCUPANT INFORMATION - (persons under 18 years of age) **No Additional Occupants - Initial 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 or Own	Dates of Residency - From/To	
Monthly Payment	Reason for Moving	Contact Name & Phone Number for Rental Verification	

PREVIOUS Street	City	State	Zip
Apt Community/Mortgage Co. Name	Did you Rent or Own	Dates of Residency - From/To	
Monthly Payment	Reason for Moving	Contact Name & Phone Number for Rental Verification	
Have you ever been evicted or asked to move out?	No	Yes	
Have you previously filed or are you currently filing for bankruptcy?	No	Yes	Date Filed _____

EMPLOYMENT INFORMATION/ADDITIONAL INCOME

Employer as of Move In Date	Phone Number	Industry
Street	City	State Zip
Supervisor	Supervisor Phone Number	Dates of Employment-From/To
Position	Annual Income	
Additional Income Source	Additional Annual Income	

PREVIOUS Employer	Phone Number	Industry
Street	City	State Zip
Supervisor	Supervisor Phone Number	Dates of Employment-From/To
Position	Annual Income	

PET INFORMATION If you own pets, fill in below: **By initialing here, I confirm that this household is pet free:**

Number of Pets	Type	Breed	Age	Weight	Color
----------------	------	-------	-----	--------	-------

ASSISTANCE ANIMAL INFO If you require an Assistance Animal, fill in below: **By initialing here, I confirm that no assistance animal is required at this time**

Number of Assistance Animals	Type	Breed	Age	Weight	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 *Edgewood Properties cannot guarantee parking for all vehicles listed below.*

Make	Model	Year	Color	License Plate #	State
Make	Model	Year	Color	License Plate #	State
Make	Model	Year	Color	License Plate #	State

CONVICTION INFORMATION **Have you ever been convicted of, or plead Guilty or No Contest to, a Misdemeanor or Felony?**

No Yes If Yes: When _____ What State _____
 Explanation: _____

EMERGENCY INFORMATION - (not an occupant):

First Name	Middle Initial	Last Name	Suffix
Street	City	State	Zip
Phone Number	Relationship	Allow Key Access - yes or no	

In connection with this Application for an apartment located at _____, the undersigned ("you" or "your") hereby deposits with Edgewood Properties, Inc. ("we", "us", or "our") the sum of the Reservation Fee & Application Fee as detailed below.

RESERVATION FEE - Lease executed within seven (7) calendar days of application- \$300

We will apply the Reservation Fee in accordance with the provisions set forth below. The Application Fee is a non-refundable application fee for processing this Application and will not be refunded to you. Upon receipt of this Application, Application Fee and Reservation Fee, we will set aside and reserve the Apartment Home for you. ALL PAYMENTS MUST BE MADE PAYABLE TO THE COMMUNITY LISTED ABOVE. EDGEWOOD PROPERTIES ASSUMES NO LIABILITY FOR IMPROPERLY ENDORSED/BLANK PAYMENTS.

By submitting this Application, you agree to enter into a lease ("Lease") for the Apartment Home under the terms specified in this Application. We may require you to sign the Lease concurrently with your submission of this Application. However, if we put you on a waiting list for an Apartment Home, you will not be obligated to sign a Lease until we advise you (in writing, in person or by telephone) that an Apartment Home is available, and you accept the Apartment Home. You will have 24 hours after you are notified by us to accept or reject the Apartment Home, which you may do in writing, in person or by telephone. If you accept the Apartment Home, you will have 24 hours to pay all associated deposits and you must sign a lease within the specified timeframe or your rights to lease the Apartment Home will terminate. If you do not timely notify us of your acceptance of the Apartment Home, we will thereafter have no obligation to lease the Apartment Home to you.

If, for any reason, we decline this Application, then we will refund the Reservation Fee to you in full. If we approve this Application, we will ask that you execute the Lease (if you have not already done so). Upon your execution of the Lease, we will apply a portion of the Reservation Fee to your first months rent that is due upon the execution of the Lease. If, however, you decide prior to executing the Lease that, notwithstanding this Application, and our approval, you no longer wish to proceed with the Lease, you must so notify us in writing (the "Termination Notice"). To be effective, the Termination Notice must be delivered by you during regular business hours to one of our representatives at the leasing office where the Apartment Home is located. Concurrently with your delivery of the Termination Notice to us, in consideration for our having held the Apartment Home off the market and reserved the Apartment Home for you, it is agreed that the Reservation Fee specified above will be Forfeited.

In all events, if you have not executed and returned the Lease within the time required as outlined above, we will assume that you are not interested in proceeding, the Apartment Home will no longer be reserved for you, and the Reservation Fee will be forfeited.

By accepting the Reservation Fee and Application Fee from you, we are not obligated to approve this Application or rent the Apartment Home to you. Our approval of this Application is contingent upon our receipt of a satisfactory report of your rental history, credit history, criminal history and other information that we deem necessary.

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

You authorize us, through our designated agent or employees, to obtain and verify all credit and criminal information for the purpose of determining whether or not to lease the Apartment Home to you. You understand that should you enter into the Lease for the Apartment Home, we and our designated agents and employees will have a continuing right to review your credit and criminal information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

If you misrepresent any information on the application you will be denied. In general, if misrepresentations are found after the Lease is signed, your Lease will be terminated.

It is unlawful to discriminate against an applicant or tenant because of their race, color, national origin, religion, gender, familial status, disability, or any other basis that may be protected under applicable state or local law.

All Terms offered must be approved by the Property Manager to be valid. All offers subject to credit and criminal approval. Actual rates/discounts may change based upon credit reporting.

Signature of Applicant

Date



Leasing Consultant

Date



FOR OFFICE USE ONLY:

MARKET RATE INFORMATION

(To be completed by Leasing Consultant)

Unit Type _____
 App Fee \$ _____
 Short Term Fee \$ _____
 Furnished Fee \$ _____
 Base Rent \$ _____
 Mo Pet \$ _____
 Fire Insp or C/O \$ _____
 Amenity Fee \$ _____
 Admin Fee \$ _____
 Sec Dep \$ _____
 Pet Dep \$ _____

APPLICANT TERMS OFFERED

(To be completed by Property Manager)

App Fee \$ _____
 Short Term Fee \$ _____
 Furnished Fee \$ _____
 Base Rent \$ _____
 Mo Pet \$ _____
 RECURRING CONCESSION \$ _____
 Fire Insp or C/O \$ _____
 Amenity Fee \$ _____
 Admin Fee \$ _____
 Sec Dep \$ _____
 Pet Dep \$ _____
 ONE TIME CONCESSION \$ _____

Exp MI Date & Term _____

Preferred Employer _____

Property Manager Signature

Date