

# THE KAMSON CORPORATION

## COMMUNITIES FOR BETTER LIVING

### Short Hills Gardens

469 Millburn Avenue, Millburn, New Jersey 07041

Phone Number: (973)-376-1806

Fax: (973)-376-8030

#### Application For Lease

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

All verification services to be provided to SHORT HILLS GARDENS 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.

Once the rental application has been approved and the applicant accepts an apartment, the applicant must submit a reservation fee in the amount of \$300.00 to reserve an apartment. All monies are to be paid in the form of a money order or certified check only. **Applicant agrees that if applicant fails to take possession of the premises, Landlord may retain as liquidated damages, the reservation fee and any other monies paid by applicant. Upon signing the lease, the first month's rent and/or pro-rated rent, security deposit 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 \$50.00 fee per applicant for investigation of the undersigned's application is under no circumstances refundable.**

**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# \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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# \_\_\_\_\_

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 \_\_\_\_\_

**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 authorize Short Hills Gardens 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 \_\_\_\_\_