Rivera Realty – Rental Application – Each tenant must complete No Smoking, No Illegal Drug Use

Please provide Driver's License or State issued ID card, social security card, two of your most recent paystubs.

Desired Move-In Date:

Applicant Information			
Name:			
Date of birth:	Phone:		
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly mortgage or rent:	Dates:	
Mort Co./Landlord Name and Phone Nur	mber:		
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly mortgage or rent:	Dates:	
Reason for moving:			
Mort Co./Landlord Name and Phone Nur	mber:		
If both addresses were less than t	wo years, please state why on the	e back of the application, and list another residence.	_
Employment Information			
Current employer:		Dates:	
Employer address:			
Phone:	E-mail:	Fax:	
Position:		Annual income:	
Other Income			
Source:		Amount:	
Emergency Contact			
Name of a person not residing with you	!		
Address:			
City:	State: ZIP Co	de: Phone:	
Relationship:			
Names of Other Persons to b	e Residing in Apartment (lis	t SSN if over the age of 18)	
Name:			
Date of birth:	SSN:	Phone:	
Name:			
Date of birth:	SSN:	Phone:	
Name:			
Date of birth:	SSN:	Phone:	
Name:			
Date of birth:	SSN:	Phone:	
Auto License Plate:		Auto License Plate:	

Name:							
Ranking	and Cros	lit Informa	tion				
Checking	Saving	dit Informat	Bank Name and Acct #:		Amount:		
Checking			Bank Name and Acct#:		Amount:		
	redit Cards			Minimum payment:			
	redit Cards			Minimum payment:			
		,					
Referer	ices (NO	T related t	o you)				
Name:			Address:		Phone:		
Referen	ices (Plea	ase list a po	erson related to you.)				
Name:			Address:		Phone:		
Other I	nformatio	on					
Yes	No						
163	140	Mill you have	a not in proport 2 M/hat trunc.				
		(Pet must be a	a pet in property? <u>What type:</u> approved)				
		Landiord	declared bankruptcy or suffered for	eclosure? If ves and bankruptcy	is current, list monthly		
		payment. \$, , , , , , , , ,		
		Have you eve	er been evicted or sued for unpaid rent	or damages to leased property?			
		Has an eviction ever been filed against you?					
		Have you ever refused to pay rent for any reason?					
	Have you even been convicted of a felony or misdemeanor?						
Have you at any time on or since January 1, 1998 been obligated to pay child or alimony support under an order record in any county?							
		Amount: \$	/ county?	Are you delinquent?			
If you answ	wered "yes" t	to any of the at	pove questions,				

		Info	ormation on Property for	Which this is an Appli	ication		
Property	y Address:						
Monthly	Rent:	\$	Security Deposit:	\$			
Applicat	ion Fee	(Non-ref	undable): \$				
Additio	onal Info	ormation:	NO smoking allowed in th	e interior of property (in	cluding garage) NO pets		

Authorization	_
Applicants authorize Landlord and/or Landlord's real estate broker, Rivera Realty, to obtain any information deemed necessary to evaluate this Application. This information may include, but is not limited to, credit reports, criminal history, judgment of record, rental history, verification of employment and salary, employment history, vehicle records and licensing records. To verify the above statements, I/We direct persons named in this application to give any requested information concerning me/us. I/We hereby waive all rights of action for consequences as result of such information.	à
A Real Estate Broker or Mortgage Company obtained by Broker may obtain such information and report such information to Landlord for evaluation of this Application. I/We hereby authorize and grant permission to the below named real estate firm to do a credit check and will pay for cost of process. The attached Information Release Form should be for such credit inquiries.	
Applicants acknowledge that all information in the Application is true and correct. Applicants acknowledge that if they present false or incomplete information, Landlord may reject this Application. Applicants understand that giving false or incomplete information may result in forfeiture of any payments made in connection with this Renal Application.	
I acknowledge receipt of the Consumer Information Statement on New Jersey Real Estate Relationships.	
It is understood that Tenant Applicant(s) cannot take possession of rental until application is investigated and accepted by the Landlord, the first month's rent and full security deposit is paid, and a Lease Agreement has been entered into between the Landlord and Tenant(s).	
Signature of applicant: Date:	
List Agent for Tenant, if any Brokerage:	
Address:	
Agent: Phone:	
FOR OFFICE USE ONLY:	
Approved	
Approved Disapproved	
Reason for Landlord's Approval/Disapproval:	