

Rental Application

1625 Atlantic Ave., Atlantic City, NJ 08401
Tel: 609-910-2419 Fax: 732-875-0272

Date: _____ Unit applied for: _____ Proposed move in date: _____

Please tell us about yourself

Last Name: _____ First Name: _____ Middle Initial: _____

Email: _____ @ _____ Telephone: (_____) _____ - _____

Date of Birth: _____ / _____ / _____ Social Security No.: _____ - _____ - _____

Present Address: _____ City: _____ State: _____ Zip: _____

Prior Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at present address: _____ How long have you lived at previous address: _____

How many will be living in this unit: Adults _____ Children _____ Pets _____ Weight of pets _____

Employer: _____ Occupation: _____ Current Salary: _____

How Long: _____ Contact Person: _____ Telephone: _____

Please tell us about your spouse

Last Name: _____ First Name: _____ Middle Initial: _____

Email: _____ @ _____ Telephone: (_____) _____ - _____

Date of Birth: _____ / _____ / _____ Social Security No.: _____ - _____ - _____

Employer: _____ Occupation: _____ Current Salary: _____

How Long: _____ Contact Person: _____ Telephone: _____

Please tell us a little about your rental history and how you know about us

Have you ever filed for bankruptcy? ____ yes ____ No. If yes, when? _____

Have you ever been served an eviction notice or been asked to vacate a property you were renting? ____ Yes ____ No

Have you ever willfully or intentionally refused to pay rent when due? ____ Yes ____ No If yes, when? _____

Have you ever been sued for unlawful detainer? ____ Yes ____ No

How do you know about us? Newspaper: _____ Realtor: _____ Internet: _____ Other: _____

Consent to obtain credit / employment information

I/We authorize NJ ESTATE, LLC to investigate my/our credit qualifications and hereby release, in any manner, all of the information obtained by you. I/We further release all persons, agencies, or firms from any liabilities resulting from providing such information.

I/We declare under penalty of perjury that the information listed in this application is true and correct.

Executed on this _____ day of _____, 20_____, in the city of _____, state of _____

Applicant's Signature

Date

Co-Applicant's Signature

Date

The undersigned authorizes landlord, leasing agent, and representatives of owner/landlord to contact the undersigned's current or previous landlord, and current employer, and further, by a copy of this Application, authorizes any said landlord or employer to release pertinent residential and employment history information to be used in evaluating my lease application. I further authorize owner/landlord, leasing agent or it representatives to apply for or obtain an investigation or credit report in connection with this application. I understand that said investigation or credit report may contain information obtained from various state governmental and private entities relative to the undersigned's number of children, employment, occupation, general health, financial, and criminal history information.