

Rental Application

Sandy Ridge Apartments

For Office Use Only	
Date: _____	Property _____
Apt No _____	Rent \$ _____
Agent _____	

Please complete all requested information on the front and back of this application. Thank for your interest in Sandy Ridge Apartments.

Date of Application: _____ Desired Date of Occupancy: _____

Type and Size of Apartment Required (Number of Bedrooms, etc.): _____

PERSONAL INFORMATION

APPLICANT FULL NAME: _____ Date of Birth: _____
 Social Security Number: _____ Drivers license No/State: _____

CO-APPLICANT FULL NAME: _____ Date of Birth: _____
 Social Security Number: _____ Drivers license No/State: _____

Full Names of All Other Residents	Relationship To You	Date of Birth

HOW MANY PETS DO YOU OR OTHER OCCUPANTS OWN? _____

KIND OF PET, BREED, WEIGHT AND AGE _____

HOW DID YOU HEAR ABOUT OUR PROPERTY? _____

RESIDENCE HISTORY

Present Address: _____ Town _____ State _____ Zip code _____
 Present Telephone: _____ Dates from: _____ to _____
 Present Landlord or Mortgage Co: _____ Telephone: _____
 Monthly Payment: \$ _____ Reason for Moving: _____

Previous Address: _____ Town _____ State _____ Zip code _____
 Previous Telephone: _____ Dates from: _____ to _____
 Previous Landlord or Mortgage Co: _____ Telephone: _____
 Monthly Payment: \$ _____ Reason for Moving: _____

EMPLOYMENT HISTORY

Present Employer: _____ Dates from: _____ to _____
 Employers Address: _____ Telephone: _____
 Position: _____ Supervisor: _____ Gross monthly salary: _____

Previous Employer: _____ Dates from: _____ to _____
 Employers Address: _____ Telephone: _____
 Position: _____ Supervisor: _____ Gross monthly salary: _____

Co-Applicant Employer: _____ Dates from: _____ to _____
 Employers Address: _____ Telephone: _____
 Position: _____ Supervisor: _____ Gross monthly salary: _____

BANKING AND CREDIT REFERENCES

Bank Name & Branch: _____ Telephone: _____
Checking Acct Number: _____ Savings Acct Number: _____
Loan Acct Number: _____ Monthly payment: _____

OTHER INFORMATION

Total Number of Vehicles (including Company vehicle): _____
Make/Model: _____ Year: _____ Color: _____ Tag No./State: _____
Make/Model: _____ Year: _____ Color: _____ Tag No./State: _____

Total Gross Monthly Household Income: \$ _____

If there are other sources of income that you would like for us to consider, please list income, source and person (Banker, Employer, etc) who we could contact for confirmation. You do not have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount: _____ Per _____ Source _____ Telephone _____
Amount: _____ Per _____ Source _____ Telephone _____

Have you or co-applicant ever:

Been sued for non-payment of rent? Yes No Been evicted or asked to move out? Yes No
Broken a Rental Agreement or Lease? Yes No Been sued for damage to rental property? Yes No
Declared Bankruptcy? Yes No

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency which will appear as an inquiry on my file.

Applicant Signature: _____
Co-Applicant Signature: _____
Date signed: _____

Do not write below this line

REFERENCE VERIFICATION	REMARKS
Present Landlord	
Previous Landlord	
Employment	
Previous Employment	
Co-Applicant Employment	
Bank	
Credit (1)	
Credit (2)	
Credit (3)	
Other	

This application: Approved Not Approved
Date: _____
By: _____
Assigned to Apt. No.: _____
Rent: _____
Applicant Notified by: _____
Anticipated Move-In Date: _____

RECORD OF PAYMENTS RECEIVED		
DATE	DESCRIPTION	AMOUNT

SANDY RIDGE APARTMENTS

STATEMENT OF RENTAL POLICY

1. We are equal opportunity housing provider. We fully comply with the Federal Fair Housing Act. We do not discriminate against any person because of race, color, religion, sex, handicapped, familial statues or national origin. We also comply with all State and Local Fair Housing Laws.
2. Apartment availability policy: Apartments are subject to availability and may only become available for occupancy when a Certificate of Occupancy is issued by the Township of Carneys Point and all money due according to your approval letter are pre-paid. In addition, all utilities must be in the new occupants name before the move-in date.
3. Occupancy Guidelines: the number of people who may reside in an apartment is restricted and determined by the Local Government. At the present time, two persons per one bedroom apartment and four persons per two bedroom apartment is permitted.
4. Application Process: We evaluate every applicant in the following manner: All applicants must complete and submit a rental application and answer all questions on the application, every page. There is a non-refundable Application fee of \$50.00 per person over the age of eighteen. Sandy Ridge will than determine from your response to the application questions, if you qualify for the apartment you are applying for. Your information will then be sent to our screening company for credit and criminal history, employment and rental verification will also be done. If you meet our criteria, we will approve your application; you will then receive an approval letter, explaining everything you need to do.
5. Please be aware that any and all deposits put down on an apartment and taken off the market for you **is non-refundable**.
6. Income must meet our standard for the apartment; credit history must have no evictions, no felonies or violent crimes.

Signature

Sandy Ridge Apartments
 175 Pennsgrove-Auburn Rd.
 Office#607
 Carney's Point, N.J. 08069
 856-299-6930
 fax# 856-299-3429

Authorization for Landlord History
 (Head of Household information ONLY)

NAME _____
 LAST FIRST MIDDLE INITI

Social Security# _____

_____ Date of Birth

Present Address _____

_____ City

_____ State

_____ Zip Code

Name of Landlord _____

Is your name on the lease? _____ If no, whose name is? _____

How long did you live at this address? _____

Is the landlord a family member? _____ If yes, how are you related? _____

Former Address _____

_____ City

_____ State

_____ Zip Code

Name of Landlord _____

Was you name on the on the lease? _____ If no, whose name was? _____

How long did you live at this address? _____

Was the landlord a family member? _____ If yes, how are you related? _____

IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT THIS NOTICE IS TO INFORM YOU THAT THE PROCESSING OF THIS APPLICATION INCLUDES BUT IS NOT LIMITED TO MAKING ANY INQUIRIES DEEMED NECESSARY TO VERIFY THE ACCURACY OF THIS INFORMATION HEREIN, INCLUDING PROCURING CONSUMER REPORTS FROM CUSTOMER REPORTING AGENCIES AND PERTAINING CREDIT INFORMATION FROM OTHER CREDIT INSTITUTIONS.

ADDITIONAL INFORMATION TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE AMOUNT OF TIME TO RECEIVE

I HEAREBY GRANT THE ABOVE PROPERTY/LANDLORD/MANAGEMENT AGENT, WHICHEVER IS APPLICABLE AND ITS DESIGNEE, APARTMENT CREDIT SERVICE, A CREDIT AGENCY, THE RIGHT TO PROCESS THIS APPLICATION FOR THE PURPOSE OF OBTAINING A RENTAL RELEASE.

ADDMONALLY, I AUTHORIZE ALL CORPORATIONS, COMPAINIES, LAW ENFORCEMENT AGENCIES, AND FORMER EMPLOYERS TO RELEASE INFORMATION THEY MAY HAVE ABOUT ME AND RELEASE THEM FROM ANY LIABILITY AND RESPONSIBILITY FROM DOING SO.

THE UNDERSIGNED AGREES THAT THIS APPLICATION SHALL REMAIN THE PROPERTY OF THE APARTMENT COMPLEX, LANDLORD OR REALTOR, REGARDLESS IF RENTAL LEASE IS GRANTED.

APPLICANT SIGNATURE

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