

**Garden State Realty Management**  
**P.O. Box 1068 Fair Lawn, NJ 07410**  
**Office: (201) 475-3915 \* Fax: (201) 475-3942 \* Apt's For Rent (800) 507-5173**  
**Website: WWW.GS-RM.COM**

**RENTAL APPLICATION**

Date: \_\_\_\_\_ Rental address shown & Apt#: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate: \_\_\_\_\_

Anticipated Move-in Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

**ADDITIONAL RESIDENTS** (list every occupant name and their relationship below including children)

<u>Name</u>	<u>Age</u>	<u>Relation</u>	<u>Name</u>	<u>Age</u>	<u>Relation</u>
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1. _____	2. _____
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3. _____	4. _____
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How long do you plan on living in the next rental home that meets your needs? \_\_\_\_\_

Check all professional level skills possessed: Electrical \_\_\_\_\_ Painting \_\_\_\_\_ Plumbing \_\_\_\_\_  
Roofing \_\_\_\_\_ Appliance repair \_\_\_\_\_ Air Conditioning \_\_\_\_\_ Heating \_\_\_\_\_ Carpentry \_\_\_\_\_

Do you have renter's insurance? \_\_\_\_\_ Do you have any water-filled furniture? \_\_\_\_\_

Have you ever broken a lease? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever refused to pay rent for any reason? \_\_\_\_\_

Have you ever been evicted or asked to leave a rental unit? \_\_\_\_\_ Ever filed for bankruptcy? \_\_\_\_\_

Ever been convicted of a crime \_\_\_\_\_ If yes please explain \_\_\_\_\_

Will you give us permission to do a criminal background check? \_\_\_\_\_

Currently have any utilities in your name? \_\_\_\_\_ Currently have phone service in your name? \_\_\_\_\_

Is there anything to prevent you from placing utilities or phone in your name? \_\_\_\_\_

Do you know of anything or any reason which may interrupt your ability to pay rent? \_\_\_\_\_

**RESIDENCE HISTORY**

Current Street Address: \_\_\_\_\_ City/State & Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

Address of present Landlord \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Does it include utilities: Yes/No

Reason for Moving: \_\_\_\_\_ Is your rent current? \_\_\_\_\_

Number of late payments? \_\_\_\_\_ Security Deposit Amount currently held by Landlord? \_\_\_\_\_

If less than 2 years, indicate previous address: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Previous Landlord's phone: \_\_\_\_\_

Dates at this address: \_\_\_\_\_ Reason for moving? \_\_\_\_\_

Was your Full Security Deposit Returned? \_\_\_\_\_ # of late payments? \_\_\_\_\_ Monthly payment? \_\_\_\_\_

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**PRIMARY RESIDENT EMPLOYMENT SECTION**

Employment status: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_ Self-Employed \_\_\_\_\_ Unemployed \_\_\_\_\_  
Other \_\_\_\_\_

Present Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Average weekly hours: \_\_\_\_\_ Salary \$ \_\_\_\_\_ Weekly/ Bi-weekly/ Monthly, or Annual Average Take home

Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City/State & Zip code: \_\_\_\_\_

How long have you been employed? \_\_\_\_\_

**Additional Employment:**

Employment status: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_ Self-Employed \_\_\_\_\_ Unemployed \_\_\_\_\_  
Other \_\_\_\_\_

Present Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Average weekly hours: \_\_\_\_\_ Salary \$ \_\_\_\_\_ Weekly/ Bi-weekly/ Monthly, or Annual Average Take home

Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City/State & Zip code: \_\_\_\_\_

How long have you been employed? \_\_\_\_\_

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**ADDITIONAL INCOME**

Spouse/Roommate's Employer: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Monthly Salary: \$ \_\_\_\_\_ How long have you been employed: \_\_\_\_\_

In the event of some emergency that would prevent you from paying rent when due, is there a relative, person, or agency that could assist you with rent payment?

1st Emergency Contact: \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ 2nd Phone # \_\_\_\_\_

2nd Emergency Contact: \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ 2nd Phone # \_\_\_\_\_

Do you currently have a savings account, line of credit, or charge card sufficient to cover one month's rent? \_\_\_\_\_

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**PRIMARY RESIDENT**

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Name of bank and branch: \_\_\_\_\_ Phone: \_\_\_\_\_

Branch address: \_\_\_\_\_

Checking Acct. #: \_\_\_\_\_

Savings Acct#: \_\_\_\_\_

How long account active, (C) \_\_\_\_\_ (S) \_\_\_\_\_ Average monthly balance, (C) \_\_\_\_\_ (S) \_\_\_\_\_

**ASSETS / CREDITS / LOANS**

Number of vehicles on property? \_\_\_\_\_ Valid registration & inspection? \_\_\_\_\_

Do you have any commercial vehicles, \_\_\_\_\_ RVcampers, boats or motorcycles? \_\_\_\_\_

Vehicle 1-make/model/color/year \_\_\_\_\_

Please note, only cars on application are authorized to be on premises.

Plate number \_\_\_\_\_ State \_\_\_\_\_

Financed/leased through \_\_\_\_\_

Contact and phone number \_\_\_\_\_

Acct. # \_\_\_\_\_ Monthly payment \_\_\_\_\_

Vehicle 2-make/model/color/year \_\_\_\_\_

Please note, only cars on application are authorized to be on premises.

Plate number \_\_\_\_\_ State \_\_\_\_\_

Financed/leased through \_\_\_\_\_

Contact and phone number \_\_\_\_\_

Acct. # \_\_\_\_\_ Monthly payment \_\_\_\_\_

**CREDIT CARDS, LOANS (including banks, department store, gas cards, student loans)**

Creditor: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Total Amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Are your payments current? \_\_\_\_\_

Other Creditor: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Total Amount owed: \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Are your payments current? \_\_\_\_\_

List any other current monthly expenses?

Hospital payment \_\_\_\_\_ Health Insurance \_\_\_\_\_ Auto Insurance \_\_\_\_\_

Renter's Insurance \_\_\_\_\_ Child care \_\_\_\_\_ Tuition \_\_\_\_\_

Cable TV \_\_\_\_\_ Other \_\_\_\_\_ Amount \_\_\_\_\_

Has any landlord taken you to court to evict you? Yes/No Do you have any pets Yes/No

Have you ever been convicted of a drug related crime or violence against another person: Y/N

How did you learn about the apartment for rent: Newspaper/ Sign on building/ Internet/ Friend

**PERSONAL/PROFESSIONAL REFERENCES**

Character/Personal reference:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship? \_\_\_\_\_ How long? \_\_\_\_\_ Phone \_\_\_\_\_

Professional reference (i.e. attorney, accountant):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship? \_\_\_\_\_ How long? \_\_\_\_\_ Phone \_\_\_\_\_

Name of Nearest Living Relative:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship? \_\_\_\_\_ How long? \_\_\_\_\_ Phone \_\_\_\_\_

Name of Doctor or Health Care Provider:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship? \_\_\_\_\_ How long? \_\_\_\_\_ Phone \_\_\_\_\_

