



# Rental Application Form

## Applicant Information

Last Name <input checked="" type="checkbox"/> First Name M.I.			Co-Applicant Last Name First Name M.I.		
Date of Birth	<input checked="" type="checkbox"/> Social Security Number	<input checked="" type="checkbox"/> Home Telephone	Date of Birth	Social Security Number	Home Telephone
Current Street Address City State Zip Code			Co-Applicant Current Address (if different) City State Zip Code		
Previous Street Address City State Zip Code			Co-Applicant Previous Address (if different) City State Zip Code		
Length of Residence at Current Address __ months	Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	Length of Residence at Current Address __ months	Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent

## Present Housing Information

Landlord or Agent Name	Landlord Telephone Number ( ) -	Co-Applicant Landlord or Agent Name	Landlord Telephone Number ( ) -
Reason for Leaving	Length of Rental __ months	Monthly Rent	Reason for Leaving
			Length of Rental __ months
			Monthly Rent

## Employment Information

Present Employer Name	Position	Co-Applicant Employer Name	Position
Supervisor Name	Telephone Number ( ) -	Supervisor Name	Telephone Number ( ) -
Employer Address	City State Zip Code	Employer Address	City State Zip Code
Employed From To	Salary per <input type="checkbox"/> month <input type="checkbox"/> year	Employed From To	Salary per <input type="checkbox"/> month <input type="checkbox"/> year

## Banking Information

Bank Name	Telephone Number ( ) -	Name	Telephone Number ( ) -
Account Number	Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number
			Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

## Emergency Contact Information

Name	Telephone Number ( ) -	Name	Telephone Number ( ) -
Address	Relationship	Address	Relationship

## Other Information

Car Year / Make / Model / /	License Plate State / Number	Car Year / Make / Model / /	License Plate State / Number
Other Residents (Names / Ages)		Other Residents (Names / Ages)	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", #: _____	If "Yes", Date of Most Recent Conviction?	Nature of Conviction	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", #: _____
			If "Yes", Date of Most Recent Conviction?
			Nature of Conviction

## Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is rejected.

Applicant:  Date: \_\_\_\_\_ Co-Applicant:  Date: \_\_\_\_\_

## OFFICE USE ONLY

NTN Access Number:	Address/Unit Applied for:	Monthly Rent Amount for unit applicant is applying for: \$
Date Screened:	Projected Move-In Date:	Apartment / Unit Type:

**Advance Housing, Inc.**  
**100 Hollister Road Suite 7**  
**Teterboro, NJ 07608**

