

RENTAL APPLICATION

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS RENTAL APPLICATION.
APPLICATIONS ARE PROCESSED IN THE ORDER THEY WERE RECEIVED.

All information must be printed in a clear and legible handwriting.

Each applicant's information must include:

- | | |
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| <ul style="list-style-type: none"> a. Social security number b. Date of birth c. Current address and Zip Code | <ul style="list-style-type: none"> d. A telephone number where you can be reached e. Your current landlord's name and phone number f. Detailed employment information |
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Failure to fill out this application completely and accurately may result in the denial of your application.

It is understood that this application does not guarantee the applicant an apartment with the landlord. The apartment is not the applicant's until:

1. The lease is signed by tenant and countersigned by landlord or landlord's representative.
2. A full first month's rent and one and a half month's security deposit is paid in full by certified check or money order.

A key to the apartment does not constitute possession of the apartment. It is further understood that this application may be held for consideration for a period of 60 days.

This application will be part of the lease if and when a lease is executed

There is a **\$50.00 application fee** for each adult applicant. This fee is not refundable and cannot be applied towards rent or security deposit. Application fees can be paid online at www.atmgt.com/app.

If and when your application is approved, a deposit will be required to hold the apartment. This deposit will not be refunded if applicant fails to sign a lease or take occupancy on date required.

Please do not give or offer any other money to anyone.

No washing machines, waterbeds or pets are allowed in any apartment. Apartment is being rented as is. All repairs must be requested upon application.

Attached to this application is a MDRR tenant/applicant inquiry. This inquiry must be filled out and submitted to the landlord.

Address of Building you are applying for: _____ **Apt No.** _____

Date Needed _____ **Phone** _____ **Email Required** _____

Please list below all household members who will live in rented premises

Name	Age	Occupation/School
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

A. Applicant Information

Last Name _____ First _____ MI _____
Social Security No. _____
Date Of Birth _____
Current Address _____ Apt _____
City _____ State _____ Zip _____
Telephone Home _____
Telephone Work _____
Cell Phone _____
Landlord Name _____ Tel _____
Length of Time at Address _____ Rent _____
Reason For Moving _____

B. Previous Rental History

Previous Address _____ Apt _____
City _____ State _____ Zip _____
Landlord Name _____ Tel _____
Length of Time at Address _____

C. Employment/Financial Information

Applicant Occupation _____
Title _____ Company Name _____
Address _____
Supervisor/Contact Name _____
Supervisor/Contact Telephone No _____
Salary _____ Length of time at job _____
Other Sources Of Income _____

D. Miscellaneous

Have you ever
A. been evicted? Yes () No () **B.** failed to pay rent on time? Yes () No () **C.** filed for bankruptcy? Yes () No ()

- 1. I/We authorize Lafayette Management Corp. to conduct an employment/credit check concerning my/our application and to verify all references.
- 2. I/We declare that all information listed on this application is true and accurate.
- 3. I/We read and I agree to the instructions as outlined on page 1 of this application.

Applicants Signature X Date _____ Co-App X

Co-Applicant/Spouse Information

Co-Applicant/Spouse _____
Social Security No. _____
Date Of Birth _____
Current Address _____ Apt _____
City _____ State _____ Zip _____
Telephone Home _____
Telephone Work _____
Cell Phone _____
Landlord Name _____ Tel _____
Length of Time at Address _____ Rent _____
Reason For Moving _____

Previous Address _____ Apt _____
City _____ State _____ Zip _____
Landlord Name _____ Tel _____
Length of Time at Address _____

Co-Applicant Occupation _____
Title _____ Company Name _____
Address _____
Supervisor/Contact Name _____
Supervisor/Contact Telephone No _____
Salary _____ Length of time at job _____
Other Sources Of Income _____

Applications that are not completely filled out and signed will not be processed

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The **New Jersey Law Against Discrimination**, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, domestic partnership status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant).

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status, domestic partnership status, affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.

Visit the Division on Civil Rights website at: www.njcivilrights.org



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Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

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MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

Tenant Applicant Name: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone Number: _____

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: _____ Completed by: Tenant Applicant Landlord

If you have any questions regarding this inquiry please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at civilrights.mdr@lps.state.nj.us

