



NEW JERSEY ASSOCIATION OF REALTORS® STANDARD FORM OF LEASE APPLICATION



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LEGAL NAME OF APPLICANT	DATE OF APPLICATION
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PRESENT ADDRESS	HOME PHONE NUMBER
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DATE OF BIRTH	OCCUPATION	YEARLY INCOME
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EMPLOYER	EMPLOYER ADDRESS
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LENGTH OF EMPLOYMENT	EMPLOYMENT VERIFICATION DEPT. NO.	PRESENT LANDLORD	LANDLORD BUS. PHONE NO.
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PRESENT RENT	HOW LONG A TENANT	LEASE EXPIRATION DATE	IN CASE OF EMERGENCY NOTIFY (NAME AND PHONE NO.)
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LEGAL NAME OF CO-APPLICANT

PRESENT ADDRESS	
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DATE OF BIRTH	OCCUPATION	YEARLY INCOME
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EMPLOYER	EMPLOYER ADDRESS
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LENGTH OF EMPLOYMENT	EMPLOYMENT VERIFICATION DEPT. NO.	PRESENT LANDLORD	LANDLORD BUS. PHONE NO.
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PRESENT RENT	HOW LONG A TENANT	LEASE EXPIRATION DATE	IN CASE OF EMERGENCY NOTIFY (NAME AND PHONE NO.)
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APPLICANTS INTEND TO USE THE LEASED PREMISES AS FOLLOWS:

AUTO LIC. PLATE - APPLICANT	AUTO LIC. PLATE - CO-APPLICANT
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ANY PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND	HOW MANY	SIZE
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APPLICANT'S REFERENCES (OTHER THAN RELATIVES)

NAME	ADDRESS	PHONE NO.
1		
2		
3		

CO-APPLICANT'S REFERENCES (OTHER THAN RELATIVES)

NAME	ADDRESS	PHONE NO.
1		
2		
3		

BANK REFERENCES - APPLICANT	BANK REFERENCES - CO - APPLICANT
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CHECKING (NAME OF BANK & ACCOUNT NO.)	CHECKING (NAME OF BANK & ACCOUNT NO.)
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SAVINGS (NAME OF BANK & ACCOUNT NO.)	SAVINGS (NAME OF BANK & ACCOUNT NO.)
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OTHER (CREDIT CARDS)	OTHER (CREDIT CARDS)
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WILL APPLICANT'S EMPLOYER BE RESPONSIBLE FOR PAYMENT OF RENT? YES NO

ADDRESS

LANDLORD

PHONE NO.

ADDITIONAL INFORMATION

Landlord acknowledges receipt of this Lease Application on _____ . The Landlord reserves the right to accept or reject the application.

Brokerage fee to be paid by: LANDLORD TENANT

Rental Application Fee: By signing this Lease Application, applicant(s) agrees to pay \$ _____ .

Security Deposit Due By: _____ .

Lease Deposit in the Amount of: \$ _____ .

Applicants for tenancy for a Condominium/Co-operative unit generally must be provided with the following statement as provided by New Jersey law:

THIS BUILDING IS BEING CONVERTED TO OR IS A CONDOMINIUM OR CO-OPERATIVE. YOUR TENANCY CAN BE TERMINATED UPON 60 DAYS NOTICE IF YOUR APARTMENT IS SOLD TO A BUYER WHO SEEKS TO PERSONALLY OCCUPY IT. IF YOU MOVE OUT AS A RESULT OF RECEIVING SUCH A NOTICE, AND THE LANDLORD ARBITRARILY FAILS TO COMPLETE THE SALE, THE LANDLORD SHALL BE LIABLE FOR TREBLE DAMAGES AND COURT COSTS.

I/We hereby warrant that all representations set forth above are true. To verify the above statements, I/We direct persons named in this application to give any requested information concerning me/us. I/We hereby waive all rights of action for consequences as a result of such information.

I/We hereby authorize and grant permission to the below named real estate firm to do a credit check and will pay \$ _____ for cost of process. The attached Information Release Form should be for such credit inquiries.

I/We hereby authorize the below named real estate firm to provide the information obtained from such credit bureau to the landlord.

I/We acknowledge receipt of the Consumer Information Statement on New Jersey Real Estate Relationships.

It is understood that Tenant Applicant(s) cannot take possession of rental until application is investigated and accepted by the Landlord, the first month's rent and full security deposit is paid, and a Lease Agreement has been entered into between the Landlord and Tenant(s).

APPLICANT

CO-APPLICANT

Brokerage Firm

Agent

Address

Phone Number



NEW JERSEY ASSOCIATION OF REALTORS® STANDARD FORM OF INFORMATION RELEASE FOR LEASE/RENTAL



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I/We hereby give permission to _____ to make
(Name of Brokerage Firm)

whatever credit inquiries it/they deem(s) necessary in connection with my/our application for a lease or rental

of _____
(Address of Property)

from _____
(Landlord)

I/We authorize and instruct any person or consumer reporting agency to compile and furnish to

(Name of Brokerage Firm)

and to _____ any information it may have or obtain in

response to such credit inquires and that same shall remain your property, whether or not the rental or lease is

granted. I/We authorize release of information to _____

and to _____

or their designees by my employer, bank, accountant, credit lender, creditors, and other sources to verify the

accuracy of documents and credit information the landlord used in deciding whether to accept my/our lease

application. A photocopy or facsimile transmission of this form, with my/our signature is sufficient authorization.

NAME _____ signature _____

NAME _____ signature _____

DATE _____