

OFFICE USE ONLY  
APPLICATION FEE: \$

50.00 Single  
65.00 Joint

Name & Address:

**RICHARD R. HAVILAND**

Client Name- Richard Haviland

Acc. # **RH-100105**

**BACKGROUND SEARCH RELEASE AUTHORIZATION**

Please Print Clearly (All fields must be completed in order to process application)

**APPLICANT/SPOUSE** (Must share same last name)  
NAME(S): \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

LANDLORDS NAME \_\_\_\_\_

PHONE# \_\_\_\_\_

PRIOR ADDRESS ( List all from past 7 years including dates, use back if needed )

REASONS FOR LEAVING \_\_\_\_\_

THE FOLLOWING PERSONS WILL ALSO OCCUPY THE APARTMENT (NAME, RELATIONSHIP & AGE)

NEAREST RELATIVE: To be contacted in case of emergency: \_\_\_\_\_

How related? \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

**EMPLOYMENT:**

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE EMPLOYED/ From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

GROSS MONTHLY SALARY \_\_\_\_\_ F/T \_\_\_\_\_ P/T \_\_\_\_\_

**SPOUSE:**

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE EMPLOYED/ From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

GROSS MONTHLY SALARY \_\_\_\_\_ F/T \_\_\_\_\_ P/T \_\_\_\_\_

ADDITIONAL INCOME \$: \_\_\_\_\_ SOURCE \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Have you ever been evicted from an apartment? YES / NO

Have you ever been in breach of a rental or mortgage agreement? YES / NO

Have you ever filed for bankruptcy? YES / NO If yes, when \_\_\_\_\_

Do you currently have any negative credit accounts or public records? YES / NO

I certify that all information in this form is correct. I understand that the application fee is non-refundable. I voluntarily consent to and authorize TenantSafe/ApplicantSafe, herein referred to as company, and or their assigned agents, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, D.M.V. Records, Civil Records, Employment/Rental Verifications, Eviction Searches, Education verification and Consumer Credit Reports.

I authorize any persons, companies, corporations, consumer reporting agencies, courts of law, current or past employer to furnish company and or their assigned agents, associates or consumer reporting agencies with any or all information concerning me. I further agree to release Company and or their assigned agents, associates or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research.

I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. **This authorization does not include a release of my medical information.**

**The above is understood and agreed by:**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



# NEW JERSEY ASSOCIATION OF REALTORS® STANDARD FORM OF LEASE APPLICATION



© 2001 New Jersey Association of REALTORS®, Inc.

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

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

APPLICANTS INTEND TO USE THE LEASED PREMISES AS FOLLOWS:

|   |                   |                                |      |
|---|-------------------|--------------------------------|------|
| AUTO LIC. PLATE - APPLICANT   |                   | AUTO LIC. PLATE - CO-APPLICANT |      |
| ANY PETS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHAT KIND | HOW MANY                       | SIZE |

| 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      |  |
|---------------------------------------|--|---------------------------------------|--|
| CHECKING (NAME OF BANK & ACCOUNT NO.) |  | CHECKING (NAME OF BANK & ACCOUNT NO.) |  |
| SAVINGS (NAME OF BANK & ACCOUNT NO.)  |  | SAVINGS (NAME OF BANK & ACCOUNT NO.)  |  |
| OTHER (CREDIT CARDS)                  |  | OTHER (CREDIT CARDS)                  |  |



PROPERTY FOR WHICH THIS IS AN APPLICATION

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 \_\_\_\_\_