



SADDLE BROOK LANDINGS, LLC RENTAL APPLICATION

Please print or type on top of the lines provided: Each applicant must complete an application



A P P L I C A N T	Applicant's Full Legal Name _____		D.O.B. _____		Soc. Sec. # _____	
	() - _____		() - _____		() - _____	
	Home Phone # _____		Work Phone # _____		Cell Phone # _____	
	E-mail address _____		How Were You Referred To Saddle Brook Landings? _____			
3 Y E A R R E S I D E N C Y	Present Street Address _____		Apt. # _____		City _____	
	State _____		Zip Code _____		() - _____	
	Dates: From - To _____		Yes / No Own home? _____		If "No," Landlord's Name _____	
	Landlord's Phone # _____		Previous Street Address (1) _____			
	Apt. # _____		City _____		State _____	
	Zip Code _____		() - _____		Landlord's Phone # _____	
Dates: From - To _____		Yes / No Own home? _____		If "No," Landlord's Name _____		
Landlord's Phone # _____		Previous Street Address (2) _____				
Apt. # _____		City _____		State _____		
Zip Code _____		() - _____		Landlord's Phone # _____		
Dates: From - To _____		Yes / No Own home? _____		If "No," Landlord's Name _____		
Landlord's Phone # _____		Do You Owe Rent To A Previous Landlord Yes / No _____		Have You Ever Been Evicted and/or Sued For Non-Payment of Rent? Yes / No _____		
Current Rent \$ _____		Have You Ever Been Sued For Damage To Rental Property? Yes / No _____		Have You Ever Filed For Bankruptcy Yes / No _____		
Year _____						
I N C O M E & A S S E T S	Current Employer (1) _____		Employer's Street Address _____		City _____	
	State _____		Zip Code _____		\$ _____	
	Applicant's Position _____		Dates: From - To _____		Annual Gross Income _____	
	Verification Contact _____		Contact's Phone # _____		Contact's Fax # _____	
	Contact's e-mail address _____		Current Employer (2) - if applicable _____			
	Employer's Street Address _____		City _____		State _____	
Zip Code _____		() - _____		Landlord's Phone # _____		
Dates: From - To _____		Applicant's Position _____		Annual Gross Income _____		
Verification Contact _____		Contact's Phone # _____		Contact's Fax # _____		
Contact's e-mail address _____		\$ _____				
Amount of Other Income/Assets _____		Source of Other Income/Assets _____				
O C C U P A N T S	Other Occupant's Name: Co-applicant OR Dependand _____		D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependand _____	
	D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependand _____		D.O.B. _____	
	Other Occupant's Name: Co-applicant OR Dependand _____		D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependand _____	
	D.O.B. _____		Other Occupant's Name: Co-applicant OR Dependand _____		D.O.B. _____	
Other Occupant's Name: Co-applicant OR Dependand _____		D.O.B. _____		Co-signer / Guarantor _____		
D.O.B. _____						
P E T S	Pet Type _____		Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____		Weight _____	
	Pet Type _____		Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____		Weight _____	
A U T O S	Make _____		Model _____		Year _____	
	Color _____		License Plate # & Issuing State _____		Driver's License # & Issuing State _____	
Make _____		Model _____		Year _____		
Color _____		License Plate # & Issuing State _____		Driver's License # & Issuing State _____		
C O N T A C T S	Emergency Contact's Name (1) _____		Relationship to you _____			
	Emergency Contact's Address _____		Apt. # _____		City _____	
	State _____		Zip Code _____		() - _____	
	Home Phone # _____		Work Phone # _____		Cell Phone # _____	
	E-mail address _____		Emergency Contact's Name (2) _____			
	Relationship to you _____		Emergency Contact's Address _____		Apt. # _____	
City _____		State _____		Zip Code _____		
() - _____		Home Phone # _____		Work Phone # _____		
Cell Phone # _____		E-mail address _____				
FOR OFFICE USE ONLY						
Apartment # Applying For _____		Unit Size/Type _____		Est. MI Date _____		
Monthly Rent _____		Other Fees _____		Security Dep. _____		
Special Requests _____				Lease Term: From - To _____		
Date Applicant Notified By: _____		<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person		of <input type="checkbox"/> Acceptance or <input type="checkbox"/> Denial _____		
Leasing Specialist That Rented Apt. _____			Leasing Specialist That Notified Applicant of Decision _____			
Saddle Brook Landings, LLC received a non-refundable application fee of \$ _____ and a non-refundable administrative fee of \$ _____						
Paid via Check or Money Order # _____ on _____ which is considered the date of application.						
Balance due at move-in must be paid in the form of a certified check or money order						
<p>I understand that the Owner/Agent will collect a non-refundable application fee and a non-refundable administrative fee as stated above. This application will be processed in accordance with the applicable property's Resident Screening Guidelines in effect on the date of application. I hereby authorize Owner/Agent to obtain consumer reports, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. I hereby expressly release Owner/Agent, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. Should any statement made in this rental application be a misrepresentation or untrue, the application will be denied immediately.</p>						

Applicant's printed name _____

Applicant's signature _____ Date _____

Owner/Agent's signature _____ Date _____