

# Application

Return to:  
339 Park Avenue Corp.  
339 Park Ave, Orange, NJ 07050  
Phone (973) 297-1888 Fax (973) 297-0030

*339 Park Avenue*  
ORANGE, NJ

## A P P L I C A N T I N F O R M A T I O N

Mr.  Mrs.  Ms.  Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Please fill in your previous address here (if at current address for less than 2 years)

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employment Information: Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_

Employer/ Company Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Choose One: Annual Gross Income \_\_\_\_\_ Weekly Gross Income \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

Total Gross Income Earned by Applicant Last Year \_\_\_\_\_

## C O - A P P L I C A N T I N F O R M A T I O N (if applicable)

Mr.  Mrs.  Ms.  Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Please fill in your previous address here (if at current address for less than 2 years)

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employment Information: Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_

Employer/ Company Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Choose One: Annual Gross Income \_\_\_\_\_ Weekly Gross Income \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

Total Gross Income Earned by Co-Applicant Last Year \_\_\_\_\_

A D D I T I O N A L O C C U P A N T S T O B E L I V I N G I N  
T H E A P A R T M E N T

(include everyone that will be living in the apartment including co-applicant)

First Name	Last Name	Age	Sex	Relation to Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Gross Household Income Last Year \_\_\_\_\_

C U R R E N T L A N D L O R D P R E V I O U S L A N D L O R D

CURRENT LANDLORD	PREVIOUS LANDLORD
Name _____	Name _____
Building Address & City _____	Building Address & City _____
Landlord Address & City _____	Landlord Address & City _____
Telephone Number _____	Telephone Number _____

R E N T A L S O U R C E S

Will any of your rent money come from sources other than the employment listed above? Yes  No

If yes, please list other sources of income or rent payments:

Source of Income	Monthly Amount
1. SOCIAL SECURITY: _____	_____
2. PENSION: _____	_____
3. OTHER: _____	_____
4. OTHER: _____	_____

How did you hear about us? \_\_\_\_\_

I agree to authorize Interstate Realty Management Company, Regan Development Corporation and/or 339 Park Avenue Corp., or their agents to use this copy of my signature as an approval to verify my credit, employment, assets and former tenancies, in conjunction with my application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF CO-APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL (973) 297-1888**



Income Restrictions Apply • An Equal Housing Opportunity

