## **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

## APPLICANT INFORMATION

Mr. $\square$ Mrs. $\square$ Ms. $\square$ Last Name	First Name	Middle Initial		
Social Security #	Date of Birth/	_/		
Street Address	Apa	artment #		
City	State	Zip Code		
Home Telephone Work	Telephone Email A	Email Address		
Please fill in your previous address here (if at curren	nt address for less than 2 years)			
Street Address	Apa	artment #		
City	State	Zip Code		
Employment Information: Employer	How Long	How Long Employed?		
Employer/ Company Address	Supervisor's Name _	Supervisor's Name		
Choose One: Annual Gross Income	Weekly Gross Income Mont	Gross Income Monthly Gross Income		
Other Sources of Income				
Total Gross Income Earned by Applicant Last Year				
CO-APPLICANT INFO				
	ORMATION (if applicable)			
CO-APPLICANT INFO	ORMATION (if applicable) First Name	Middle Initial		
CO-APPLICANT INFO	ORMATION (if applicable)  First Name Date of Birth/	Middle Initial		
C O - A P P L I C A N T I N F (  Mr.   Mrs.   Ms.   Last Name  Social Security #	ORMATION (if applicable)  First Name Date of Birth/Apa	Middle Initial _/ artment #		
C O - A P P L I C A N T I N F (  Mr.  Mrs.  Ms.  Last Name  Social Security #  Street Address	ORMATION (if applicable)  First Name Date of Birth/ Apa	Middle Initial _/ artment # Zip Code		
C O - A P P L I C A N T I N F O  Mr.   Mrs.   Ms.   Last Name  Social Security #  Street Address  City	ORMATION (if applicable)  First Name Date of Birth/ Applicate State Email A	Middle Initial _/ artment # Zip Code		
C O - A P P L I C A N T I N F O  Mr.   Mrs.   Ms.   Last Name  Social Security #  Street Address  City  Home Telephone  Work	ORMATION (if applicable)  First Name Date of Birth/Api State Telephone Email And address for less than 2 years)	Middle Initial _/ artment # _ Zip Code Address		
C O - A P P L I C A N T I N F O  Mr.  Mrs.  Ms. Last Name  Social Security #  Street Address  City  Home Telephone Work  Please fill in your previous address here (if at curren Street Address	ORMATION (if applicable)  First Name Date of Birth/Api State Telephone Email And address for less than 2 years)	Middle Initial _/ artment # _ Zip Code Address artment #		
C O - A P P L I C A N T I N F (  Mr.  Mrs.  Ms.  Last Name  Social Security #  Street Address  City  Home Telephone Work  Please fill in your previous address here (if at curren Street Address  City  City	ORMATION (if applicable)  First Name Date of Birth/ Apa State Telephone Email And address for less than 2 years) Apa	Middle Initial/ artment # Address artment # Zip Code		
C O - A P P L I C A N T I N F (  Mr.  Mrs.  Ms.  Last Name  Social Security #  Street Address  City  Home Telephone Work  Please fill in your previous address here (if at curren Street Address  City  City	ORMATION (if applicable)  First Name Date of Birth/ Applicate State Telephone Email And address for less than 2 years) State How Long	Middle Initial/ artment # Zip Code Address artment # Zip Code Employed?		
C O - A P P L I C A N T I N F O  Mr.  Mrs.  Ms.  Last Name  Social Security #  Street Address  City  Home Telephone Work  Please fill in your previous address here (if at curren Street Address  City  Employment Information: Employer	ORMATION (if applicable)  First Name Date of Birth/ Apa State Email And address for less than 2 years) State How Long for the supervisor's Name	Middle Initial/ artment # Zip Code Address artment # Zip Code		
C O - A P P L I C A N T I N F O  Mr.  Mrs.  Ms.  Last Name  Social Security #  Street Address  City  Home Telephone Work  Please fill in your previous address here (if at curren Street Address  City  Employment Information: Employer  Employer/ Company Address	ORMATION (if applicable)  First Name Date of Birth / State Email Ant address for less than 2 years) State How Long for the supervisor's Name Supervisor's Name Monte	Middle Initial / artment # Zip Code Address artment # Zip Code Employed? chly Gross Income		

ADDITIONAL OCCUPAN	ITS TO	B E L	IVING	I N		
THE APARTMENT	udina sa annlisant\					
(include everyone that will be living in the apartment inclu	iding co-applicant)					
First Name Last Name		Age	Sex	Relation to Applicant		
Total Gross Household Income Last Year						
CURRENT LANDLORD	PREVI	O U S	LAND	LORD		
Name	Name					
Building Address & City	Building Ad	Address & City				
Landlord Address & City						
Telephone Number				e Number		
RENTAL SOURCES						
Will any of your rent money come from sources other than	the employment lis	sted above?	Yes □ No □			
If yes, please list other sources of income or rent payments	<b>5:</b>					
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 Compartheir agents to use this copy of my signature as an approve	al to verify my credi	t, employmer	nt, assets and for	rmer tenancies, in		
conjuncture with my application or future tenancy in an arwill be used only for purposes connected with the apartment		tions will be	sent directly bac	k to those authorized and		
·						
Signature of Applicant		Da	te			
SIGNATURE OF CO-APPLICANT		Da	te			

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



