TTHE KAMSON CORPORATION

COMMUNITIES FOR BETTER LIVING

Country Club Towers I

100 Hepburn Road, Clifton, New Jersey, 07012 Phone Number: (973) 777-1402 Fax: (973) 777-0414

Application For Lease Must be completed in its entirety to be processed.

All verification services to be provided to COUNTRY conditioned by the requirement that applicant ar Applicant and customer shall sign and date this spouse, must complete and sign.	nd customer provide the followin	g information as to t	he individual applicants below.	Where inapplicable informa	ntion is requested, mark N/A
The undersigned hereby agrees to execut ofcommencing on (approx					
Once the rental application has been approved at Occupancy fee, to reserve an apartment. All monic premises, Landlord may retain as liquidated erated rent, security deposit and any other fee	es are to be paid in the form of a damages, the reservation fee	a money order or cert and any other moni	ified check only. Applicant ag ı <mark>es paid by applicant. Upon s</mark>	rees that if applicant fails	s to take possession of th
The undersigned has read the foregoing and cert purpose of inducing approval of the a be entitled to have the return of the rather 150.00 fee per applicant for investigation tory that all residents purchase and maintain signing, new resident must provide a copy of	pplication in the undersign reservation fee made and r of the undersigned's applicat a tenant or renter's liability	ed's behalf. In the object of the delate of	he event that this appli rights of the undersigned I mstances refundable. Landl e	cation is not approved shall thereupon termi o rd does not provide rent	l, the undersigned sha nate and end absolutely er's insurance. It is manda
APPLICANT NAME			Date of birth	SS#	
First	Middle	Last			
CO-APPLICANT NAMEFirst	Middle	Last	Date of birth	SS#	
App. Drivers Lic. No.	State	Co-App. [Orivers Lic No		State
Other Occupants:					
Name	SS#		Age	Relationship	
Name	SS#		Age	Relationship	
APPLICANT Home Phone#	C	ell Phone#		E-mail	
Present Address				-	
Street	Apt#		City	State	Zip
From:					
Dates: To:					
Present Landlord,	/Resident Mgr.		Apt. Name/If Ho	me-Mortgage Co. \$ Loan#	
Monthly Payment F	Reason for moving				
Have you ever been evicted from any leased premises?		If yes, explain			
Have you ever been convicted of a felony?		If yes	, explain		

APPLICANT						
Previous Address						
Street	Apt#	City	State	Zip		
Previous Apt. Name or Landlord						
		Address	Phone	How long?		
Monthly Payment	Reason for moving					
ADDUCANT EMPLOYED		DI D. S.				
APPLICANT EMPLOYER		PhonePosition	1			
Business Address	Gity	State	Zip			
Supervisor		sinco	·	calary		
Supervisor		since				
Previous Employer						
Business addressSupervisor		since	Gross weekly	Gross wookly salary		
Additional monthly income (if any)_						
Additional monthly meonic (if any)_						
CO-APPLICANT Home Phone#		Cell Phone#	E-mail_			
Present Address		een i nonen				
Street	Apt#	City	State	Zip		
From:						
Dates: To:						
	andlord/Resident Mgr.		ot. Name/If Home-Mortgage Co. \$ Loan#			
Monthly Payment	Reason for moving					
Have you ever been evicted from any						
Have you ever been convicted of a fo	elony?	If yes, explain				
CO-APPLICANT						
Previous Address						
Street	Apt#	City	State	Zip		
Previous Apt. Name or Landlord			N			
		Address	Phone	How long?		
Monthly Payment	Reason for moving					
CO ADDITIONE EMPLOYED		DI	D::			
CO-APPLICANT EMPLOYER		Phone	Position			
Business Address	City	State	Zip			
				calary		
Supervisor		since		salary		
Previous Employer	FNONE					

Supervisor	Employed since			Gross weekly salary			
Business address							
Additional monthly inco	me (if any)		_Source				
BANKING INFORMATIO	N						
APPLICANT				CO-APPLICANT			
Bank Name and Branch_			Checking	Bank Name and B	ranch		Checking
Bank Name and Branch_			■ Savings	Bank Name and B	ranch		☐ Savings
CREDIT INFORMATION							
APPLICANT							
Name	Type	Acct.	No		Mo. Payment	Open 🖵 C	losed 🖵
Name	Туре	Acct.	No		Mo. Payment	Open 🖵 C	losed 🖵
Name	Туре	Acct.	No		Mo. Payment	Open 🖵 C	losed 🖵
CREDIT INFORMATION							
CO-APPLICANT							
Name	Type	Acct.	No		Mo. Payment	Open 🖵 C	losed 🖵
Name					Mo. Payment		losed 🖵
Name							
VEHICLE INFORMATION	I						
Year & Make			Color	Tag No	State	Registered to	
Year & Make			Color	Tag No	<u>State</u>	Registered to	
OFFICIAL USE: LEASE IN	IFORMATION						
Beginning Date		Ending D	ate		Move in date		
Size of Apt:				RentalYearly Rental			
Pro rate						Reservation fee\$_	
BALANCE DUE UPON EXECUTION OF LEASE BY CERTIFIED CHECK OR MONEY ORDER\$_			DER\$	R\$SECURITY DEPOSIT\$			
I or we proclaim that all to be false, I or we under take possession of an ap to verify all information property owners, employ	erstand that the applic partment; I or we ackn on the rental applica	cation will be owledge that tion by all av	denied. In the e t eviction procee vailable means, i	event it is found that dings will commence i including consumer re	information provided immediately, I or we a porting agencies, publ	in the application i uthorize Country Clu	s false after I or we ub Towers Apartments
APPLICANTS SIGNATURE						Date	
APPLICANTS SIGNATUREAPPLICANTS SIGNATURE							
APPLICATION TAKEN BY							
APPLICATION DATE PET YES NO NO NO NO NO NO NO NO NO N						TYPE?	PM
KIND	WEIGHT_			_ NAME			