THE KAMSON CORPORATION

COMMUNITIES FOR BETTER LIVING

Forest Hill Terrace Apartments

325 Grafton Avenue, Newark, New Jersey 07104 Phone Number: (973) 485-1535 Fax: (973) 485-0153

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

All verification services to be provided to FOREST HILL TERRACE APARTMENTS under terms of this agreement entered into with a licensed contracted consumer credit agency and the accuracy thereof shall be conditioned by the requirement that applicant and customer provide the following information as to the individual applicants below. Where inapplicable information is requested, mark N/A. Applicant and customer shall sign and date this document in appropriate space below prior to its submission to a licensed contracted consumer credit agency. Multiple applicants, including spouse, must complete and sign.

The undersigned hereby agrees to execute a lease, in the event of the approval if the rental application for apartment ________ for the term of ________ payable monthly in advance on the first day of each month.

Once the rental application has been approved and the applicant accepts an apartment, the applicant must submit a reservation fee in the amount of \$300.00 to reserve an apartment, along with the Certificate of Occupancy Fee, where applicable. All monies are to be paid in the form of a money order or certified check only, other than money paid for the rental application. Applicant agrees that if the application has been approved and the applicant fails to take possession of the premises, Landlord may retain as liquidated damages, the reservation fee,

The undersigned has read the foregoing and certifies that the facts set forth in the accompanying rental application are true and correct and that the rental application submitted for the purpose of inducing approval of the application in the undersigned's behalf. In the event that this application is not approved, the undersigned shall be entitled to have the return of the reservation fee made and no more, and all rights of the undersigned shall thereupon terminate and end absolutely. The \$40.00 fee per applicant for investigation of the undersigned's application is under no circumstances refundable. Landlord does not provide renter's insurance. It is mandatory that all residents purchase and maintain a tenant or renter's liability insurance policy at the sole expense of the resident for the length of their tenancy. At time of lease signing, new resident must provide a copy of the liability insurance policy.

and any other monies paid by applicant. Upon signing the lease, the first month's rent, and/or pro-rated rent, security deposit and any other fees must be paid in full before

any keys will be given out.

APPLICANT NAME		Date of birth	SS#_	SS#	
First	Middle	Last			
CO-APPLICANT NAME		Date of birth	SS#		
First	Middle	Last			
App. Drivers Lic. No	Sta	te Co-App. Drivers Lic No		State_	
Other Occupants:					
Name	SS#	Age	Relationship		
Name	SS#	Age	Relationship		
APPLICANT Home Phone#		Cell Phone#	E-mail		
Present Address					
Street	Apt#	City	State	Zip	
From:					
Dates: To:					
	dlord/Resident Mgr.		If Home-Mortgage Co. \$ Loan#		
Monthly Payment	Reason for moving				
Have you ever been evicted from any leased premises?					
Have you ever been convicted of a felo	onv?	If yes, explain			

APPLICANT Previous Address Apt# Previous Apt. Name or Landlord Address Phone How long? Monthly Payment Reason for moving APPLICANT EMPLOYER Phone Position **Business Address** Street City State Zip Employed since Gross weekly salary Supervisor Previous Employer Phone Position Business address____ ___ Gross weekly salary_____ Supervisor Employed since Additional monthly income (if any) Source **CO-APPLICANT** Home Phone# Cell Phone# E-mail Present Address Apt# From: Dates: To: Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. \$ Loan# Monthly Payment 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 **CO-APPLICANT** Previous Address Previous Apt. Name or Landlord Address Phone How long? Monthly Payment_____ Reason for moving_____ CO-APPLICANT EMPLOYER Phone Position **Business Address** Street City State Employed since_____ Supervisor____ Gross weekly salary_____

Position

Previous Employer______ Phone_____

Supervisor		Employed sir	_ Employed since			Gross weekly salary		
Business address								
Additional monthly incor	me (if any)	Source						
BANKING INFORMATION	N							
APPLICANT			CO-APPLICANT					
Bank Name and Branch_		Checking	Bank Name and Bra	nch		☐ Checking		
		=		Bank Name and Branch				
CREDIT INFORMATION								
APPLICANT								
Name	Type	Acct. No		Mo. Payment	Open 🖵 (Closed 🖵		
Name	* *	Acct. No.		•	•			
Name		Acct. No						
CREDIT INFORMATION								
CO-APPLICANT								
Name	Type	Acct. No		Mo. Payment	Open 🖵 (Closed 🖵		
Name		Acct. No						
Name		Acct. No.						
VEHICLE INFORMATION								
		Color	Tag No.	State	Registered to			
		Color						
OFFICIAL USE: LEASE IN	FORMATION							
Beginning Date		Ending Date		Move in date				
Size of Apt:			Rental Yearly Rental					
Pro rate					Reservation fee\$			
ALANCE DUE UPON EXECUTION OF LEASE BY CERTIFIED CHECK OR MONEY ORD			ORDER\$					
Lar we preclaim that all	of the information pro	ovided in this rental applica	ation is true and accurate. I	n the event the infe	rmation Lar we have	vo provided is found		
	·	cation will be denied. In th				•		
		nowledge that eviction proc						
		by all available means, inc	=	•				
•		s. Re-verification of prelimi		-	orus, current anu p	revious rentai prop		
city owners, employers a	na personal reference	3. Re verification of premin	mary infamigs is not requir	cu.				
APPLICANTS SIGNATURE					_Date			
APPLICANTS SIGNATURE				Date				
APPLICATION TAKEN BY					_ Date			
ADDITE ATTOM DATE	HMIT TVDE	MONTHLY RE	ŅΤ¢	MOVE IN DATE	VELED J	PM		
PET YES IN NO IN	UNII IIFL	WONTHEL KE	Ψ	MOVE IN DATE_		rivi		
	WEIGHT		NAME					
MINU	WLIUIII		IN/NVIL					