

# Greenway Village Apartments

## Rental Application

(P) 856-767-7080 (F) 856-768-5040

### PERSONAL INFORMATION

NAME \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Marital Status:  Single  Married Spouse Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Cellular phone# \_\_\_\_\_ Move in date \_\_\_\_\_ Apartment size needed \_\_\_\_\_

### ADDRESSES

Present Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Since \_\_\_\_\_ Rent/ Month \_\_\_\_\_ Home Phone (\_\_\_\_) - \_\_\_\_\_

Present Landlord \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Is rent up to date?  Yes  No Have you been asked to leave?  Yes  No Reason \_\_\_\_\_

Previous Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ How long there \_\_\_\_\_ Rent/Month \_\_\_\_\_

Was rent up to date?  Yes  No Have you given notice?  Yes  No Have you been asked to leave?  Yes  No

### OCCUPANTS

Number to occupy \_\_\_\_\_ Please list all occupants excluding yourself, if more than 3, please write on back of form.

NAME	RELATIONSHIP	BIRTH DATE	SS#

**PETS:**  Yes  No If yes, give details (number, type & size) \_\_\_\_\_

Do you have a criminal Background?  Yes  No If yes, when and what for \_\_\_\_\_

### CARS

#1 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

#2 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

### EMPLOYMENT & INCOME

#### Applicants Employer

\_\_\_\_\_ Since \_\_\_\_\_

Address \_\_\_\_\_

What do you do? \_\_\_\_\_ Hrs/Week \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Income \$ \_\_\_\_\_ weekly biweekly monthly annually (please circle)

UNEARNED INCOME: Monthly benefits from Section 8 \$ \_\_\_\_\_, Soc. Service. \$ \_\_\_\_\_, SSI \$ \_\_\_\_\_, Child Support \$ \_\_\_\_\_, Other \_\_\_\_\_

Please circle:

#### Previous / Spouse's/ co applicant Employer

EMPLOYER \_\_\_\_\_ Since \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Hrs/Week \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Income \$ \_\_\_\_\_ weekly biweekly monthly annually (please circle)

### REFERENCES

Relative \_\_\_\_\_ Relation \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Non-Relative Reference 1 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Non -Relative Reference 2 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Bank \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Only completed applications will be accepted.**

Owner or agent has the right to review and approve this application and review your credit report. In any instance that may occur resulting in tenant's decision to reject the apartment before or upon move-in, not limited to anybody's fault, the \$300 deposit for apartment is not refundable.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

\$

Name & Address of Property:  
**GREENWAY VILLAGE, 415 RT 73  
NORTH, WEST BERLIN, NJ 08091**

Client:  
**NJ 1738**

**BACKGROUND SEARCH RELEASE AUTHORIZATION**

**Please Print Clearly** (All fields must be completed in order to process application)

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

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

Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Social security # \_\_\_\_\_ DOB \_\_\_\_\_

Spouse/Co applicant name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

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

Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Social security # \_\_\_\_\_ DOB \_\_\_\_\_

I voluntarily consent to and authorize NTN, herein referred to as company, and or their assigned agents, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, D.M.V. Records, Civil Records, Employment/Rental Verifications, Eviction Searches, Education verification and Consumer Credit Reports. I authorize any persons, companies, corporations, consumer reporting agencies, courts of law, current or past employer to furnish company and or their assigned agents, associates or consumer reporting agencies with any or all information concerning me. I further agree to release Company and or their assigned agents, associates or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research. I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. This authorization does not include a release of my medical information.

The above is understood and agreed by:

\_\_\_\_\_  
Signature    Print Name    Date

\_\_\_\_\_  
Spouse / co applicant    Print Name    Date