



174 Boulevard
 Hasbrouck Heights, NJ 07604
 Phone: 201.288.8020 Fax: 201.288.6847

Lease Application

Premises _____ Date _____
 Landlord _____
 Apt. #. _____ Number of rooms _____
 Rental - Monthly \$ _____ Annual \$ _____
 Security Deposit _____
 Lease Term _____ Occupancy Date _____

#1

NAME OF APPLICANT _____
 Present addr# _____

of persons to occupy apt. _____ Adults _____ Ages _____ Children _____ Ages _____
 Social Security # _____
 Date of Birth _____ Middle Initial _____
 Email _____

#2

NAME OF APPLICANT _____
 Present address _____ Phone # _____
 City _____
 Social Security # _____ Date of Birth _____ Middle Initial _____
 Email: _____

Employer or Financial Income

#1

Employer _____
 Phone _____
 Address _____
 _____ City paramus _____ Phone _____
 How long employed _____
 Position _____ Monthly Gross Income _____
 Previous Employer _____
 Additional Income _____

#2

Employer _____
 Phone _____

Address _____ City _____
Refer to: _____
Phone _____
How long employed _____ Position _____ Monthly Gross Income _____
Previous Employer _____
Additional Income _____
Do you have any pets? YES _____ NO _____ If yes, what kind? _____

1) Have you ever been evicted from an apartment or had an eviction filed against you? If so, explain on the reverse side of this form.

_____ Yes _____ No _____

2) Have you ever been convicted of drug related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing? Yes _____ No _____

3) Are you subject to a lifetime registration requirement on a state sex offender registry? Yes _____ NO _____

***By signing this form you are giving Generation IV Real estate permission to retrieve a credit report which will be submitted with your application to the Landlord. You will receive an email asking for your agreement to complete a tenant screening. At this time a charge of \$35 per report is to be collected. This application must be fully completed and signed to be considered. ANY false or misleading statement made by applicant shall be grounds for immediate termination of tenancy.**

THANK YOU FOR YOUR COOPERATION!

1) _____ 2) _____
APPLICANTS SIGNATURE DATE _____