

**PLAINSBORO VILLAGE CENTER
APARTMENT RENTAL APPLICATION**

- This is an Equal Housing Opportunity
- There is a non-refundable fee of \$65.00 to process EACH application, or \$75.00 for a combined spouse application
- Please make checks payable to “SHARBELL CRANBURY, INC.” (Only checks are accepted)

•Each person over 18 must fill out a separate application

The undersigned hereby makes an application to rent the following apartment in Building 12, at 16 Market Sq. N., Suite _____, Plainsboro, NJ 08536, with an anticipated move-in date of _____, 20__ at a monthly rent of \$ _____, security deposit of \$ _____ and pet deposit of \$ _____ and annual insurance fee of \$175.00.

****ALL ITEMS MUST BE FILLED IN TO PROCESS THE APPLICATION – WRITE N/A IF NOT APPLICABLE****

I. PERSONAL INFORMATION

First	Middle	Last	Date of Birth	Sex	Social Security No. or Legal Alien Card No.
			/ /	M / F	
Previous Names Used (Aliases)			Email Address		Driver's License No. and State
			@		
Cell Phone		Work Phone		Home Phone	
ALL Other Proposed Occupants			Date of Birth	Relationship to Applicant	Cell Phone (18+ Only)
			/ /		
			/ /		
			/ /		
			/ /		
PET INFORMATION (Exhibit A to the Lease defines types, sizes and quantities of animals that are permitted)					
Type/Breed/Weight (Lbs.)	Type/Breed/Weight (Lbs.)	Type/Breed/Weight (Lbs.)	Type/Breed/Weight (Lbs.)	Type/Breed/Weight (Lbs.)	Type/Breed/Weight (Lbs.)
/ /	/ /	/ /	/ /	/ /	/ /

II. RENTAL/RESIDENTIAL HISTORY

	Current Residence	Prior Residence
Address		
City		
State/ZIP		
Own a House? (Circle One)	Yes / No	Yes / No
Last Monthly Rent or Mortgage Amount		
Landlord's Name		
Landlord's Phone Number		
Date of Residency – From:	/ /	/ /
Date of Residency - To:	/ /	/ /
Residential History Questions:	Yes/No	If Yes, Please Explain Below:
Have you had two or more late rent or mortgage payments in the past year?		
Have you ever failed to pay rent or a monthly mortgage payment (including property taxes) in full?		
Have you ever had any legal problems in ANY current or former residence (i.e. eviction, lien, foreclosure, etc.)?		

III. CREDIT HISTORY

Accounts:	Bank/Lender Name	Account Balance OR Balance Owed
Checking/Savings Accounts		
Credit Card 1		
Credit Card 2		
Auto, Student Loans, Etc.		
Auto, Student Loans, Etc.		
Questions:	Yes/No	If Yes, Please Explain Below:
Have you declared bankruptcy in the past seven (7) years? If yes, what is the current status?		
Has a property owned by you ever been involved in a foreclosure proceeding in the past seven (7) years?		
We will request a credit report as part of this application. Is there anything negative we will find?		

IV. EMPLOYMENT HISTORY

	Current Employment*	Prior Employment*
Status: Full-Time/Part-Time/Unemployed (OR Student)		
Employer Name		
Job Title		
Address		
City, State, ZIP		
Supervisor's Name		
Supervisor or HR Dept.'s Phone Number		
Monthly Gross Income		
Date of Employment – From:	/ /	/ /
Date of Employment – To: (If current, leave blank)	/ /	/ /
Question:	Yes/No	If Yes, Please Explain Below:
Do you have other lawful sources of income that you would like us to consider? If so, please list income, source, and person who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.		

* If self-employed or retired, proof is required (i.e. W-2 form, pension, Social Security statement, etc.).

V. VEHICLE INFORMATION (Including Vehicles Belonging to Other Proposed Occupants):

Make	Model	Color	Year	License Plate (State/Number)
				/
				/
				/

Exhibit A to the Lease defines types of vehicles that are not permitted on the property. Please make sure your vehicle is permitted. Failure to do so will result in a denial of your application or can result in eviction if disclosure is not made at the time of application.

CONTINUED ON NEXT PAGE

OFFICE USE ONLY

APPLICATION FEE : \$

Apt. Complex Name & Address:

Client Name- _____

Acc. # _____

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

NAME _____ PHONE# _____

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP _____

LANDLORDS NAME _____ PHONE# _____

PRIOR ADDRESS (List all from past 7 years including dates, use back if needed)

SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH _____ / _____ / _____

EMPLOYER _____ PHONE # _____

ADDRESS _____

CONTACT PERSON _____

DATE EMPLOYED/ From _____ To _____ Position _____

GROSS MONTHLY SALARY _____ F/T _____ P/T _____

HOUSEHOLD GROSS MONTHLY INCOME _____ WORK HRS _____

I voluntarily consent to and authorize TenantSafe/ApplicantSafe, 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

*****FAX COMPLETED FORM TO TENANTS SAFE INC. AT (732) 370-1785