

**THE ALPERT GROUP  
HARVARD DEVELOPMENT ASSOCIATES LP  
ORANGE N.J. 07050  
201-610-9483  
201-610-9484 (FAX)**

**THINGS WE NEED YOU FROM YOU:**

- 1. COMPLETED APPLICATION**
- 2. PHOTO ID**
- 3. SS CARD**
- 4. PROOF OF INCOME (4 MOST RECENT PAYSTUBS)**
- 5. SIX MONTHS OF CHECKING AND/OR SAVINGS ACCOUNT (If applicable) or a VOD (verification of deposit letter from bank) usually a VOD will have account owners name, date opened, last 4 # of account(s) and average 6 months balance. You can complete the attached form for each institution in which you hold an account or you can have your local branch fax the letter to us.**

**AFTER APPROVAL:**

**2 SEPARATE CHECKS (CERTIFIED OR MONEY ORDER) FOR FIRST MONTHS RENT AND 1 MONTHS SECURITY**

**PERSONAL CHECK \$500 (Move-in Security. Refundable if no damages when moving in).**

**FOR PARKING GARAGE:**

**COMPLETED PARKING AGREEMENT**

**\$75.00 REFUNDABLE DEPOSIT FOR GARAGE CLICKER**

**\$75.00 A MONTH RENT FOR UNRESERVED PARKING**

***MAKE CHECKS PAYABLE TO: HARVARD DEVELOPMENT ASSC. LP***

**PLEASE NOTE THAT NO CASH WILL BE ACCEPTED FOR INITIAL DEPOSITS. 1<sup>ST</sup> MONTH RENT AND SECURITY MUST BE PAID BY CERTIFIED BANK CHECK OR MONEY ORDERS ONLY.**

# Rental Application

## THE ALPERT GROUP

FOR OFFICE USE ONLY

DATE \_\_\_\_\_  
PROPERTY \_\_\_\_\_  
APT. NO. \_\_\_\_\_ RENT \$ \_\_\_\_\_  
AGENT \_\_\_\_\_

Please complete all requested information on the front and back of this form. Thank you for your interest in our apartments.

Date of Application \_\_\_\_\_ Desired Date of Occupancy \_\_\_\_\_  
Type and Size of Apartment Wanted (No. of Bedrooms, etc.) \_\_\_\_\_

### PERSONAL INFORMATION

**APPLICANT'S FULL NAME** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Social Security No.** \_\_\_\_\_ **Driver's Lic. No./State** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
**CO-APPLICANT'S FULL NAME** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Social Security No.** \_\_\_\_\_ **Driver's Lic. No./State** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**E-mail** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

Full Names of All Other Residents:	Relationship to You	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

How Many Pets Do You or Other Occupants Own? \_\_\_\_\_  
Kind of Pet, Breed, Weight and Age \_\_\_\_\_  
How Did You Hear About Our Property? \_\_\_\_\_

### RESIDENCE HISTORY

**PRESENT ADDRESS** \_\_\_\_\_  
Present Telephone \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Present Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_  
Previous Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

### EMPLOYMENT INFORMATION

**PRESENT EMPLOYER** \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

**PREVIOUS EMPLOYER** \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_

**CO-APPLICANT'S EMPLOYER** \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

## BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH \_\_\_\_\_ Telephone \_\_\_\_\_  
 Checking Acct. No. \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_  
 Loan Acct. No. \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
 CREDIT REFERENCE \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Account No. \_\_\_\_\_  
 CREDIT REFERENCE \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Account No. \_\_\_\_\_  
 OTHER REFERENCE \_\_\_\_\_  
 Address \_\_\_\_\_

## OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) \_\_\_\_\_  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_  
 Other Car, Motorcycle, etc. \_\_\_\_\_  
 Total Gross Monthly Household Income \$ \_\_\_\_\_  
 If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could 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.  
 Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_  
 Comments: \_\_\_\_\_

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent?  Yes  No  
 Been evicted or asked to move out?  Yes  No Broken a Rental Agreement or Lease?  Yes  No  
 Been sued for damage to rental property?  Yes  No Declared Bankruptcy?  Yes  No  
 In Case of Personal Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.*

APPLICANT'S SIGNATURE \_\_\_\_\_  
 CO-APPLICANT \_\_\_\_\_  
 DATE SIGNED \_\_\_\_\_

### FOR OFFICE USE ONLY — DO NOT WRITE BELOW

Date Application Received \_\_\_\_\_ Received By \_\_\_\_\_

REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord	
<input type="checkbox"/> Previous Landlord	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Previous Employ.	
<input type="checkbox"/> Co-Applicant Employ.	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Credit (1)	
<input type="checkbox"/> Credit (2)	
<input type="checkbox"/> Credit (3)	
<input type="checkbox"/> Other	

RECORD OF PAYMENTS RECEIVED		
Date	Description	Amount

THIS APPLICATION:  Approved  Not Approved  
 Date \_\_\_\_\_  
 By \_\_\_\_\_  
 Assigned to Apt. No. \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Apartment Address \_\_\_\_\_  
 Applicant Notified By \_\_\_\_\_  
 Anticipated Move-In Date \_\_\_\_\_

# HARVARD DEVELOPMENT ASSOCIATES LP

## BANKING VERIFICATION

Date \_\_\_\_\_

TO:  
FAX:  
RETURN TO FAX # 201-676-3921

Name of Bank \_\_\_\_\_

Address of Bank \_\_\_\_\_

Re: \_\_\_\_\_ SS# \_\_\_\_\_  
Applicant/Tenant Name

\_\_\_\_\_ SS# \_\_\_\_\_  
Co-Applicant/Co-Tenant Name

Applicant/Tenant Address \_\_\_\_\_ City, \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The individual(s) named above is an applicant for or existing tenant in housing which received low income housing tax credits through the New Jersey Housing and Mortgage Finance Agency. Federal regulations require that in order for the tenant to be eligible, we must verify the tenant's income and other information related to eligibility. The individual has authorized by signing below, your release of the requested information.

The information you provide will be used only for the purpose of determining the tenant's eligibility based on income. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-address enveloped has been included for your convenience. If you have any questions, please feel free to contact our office at (973) 675-4025. Thank you for your cooperation.

Sincerely  
Faith Moore  
Property Manager

I hereby consent to release of the information requested.

Applicant/Tenant Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant/Co-Tenant Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

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### TO BE COMPLETED BY INSTITUTION

#### CHECKING ACCOUNTS

Account Number(s) \_\_\_\_\_ Average 6 month Balance(s)  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Are these interest bearing accounts? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, interest rate \_\_\_\_\_ %

C/O 105 Wilson Place  
Orange, New Jersey 07050

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Fax: 201-610-9484



Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), (8).

**PAGE 1 OF 2**  
**SAVINGS ACCOUNTS**

Account Number(s)	Present Balance(s)	Annual Interest Rate	Withdrawal Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CERTIFICATES OF DEPOSIT**

Account Number(s)	Present Balance(s)	Annual Interest Rate	Withdrawal Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TRUST**

Value of Trust Fund Administered: \$ \_\_\_\_\_  
Anticipated amount of income to be earned by Trust over next 12 months \$ \_\_\_\_\_

**PROPERTY**

Value of equity in real property \$ \_\_\_\_\_

I certify that the above information is true and correct.

\_\_\_\_\_  
Name of Banking Official

\_\_\_\_\_  
Title of Banking Official

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

**PAGE 2 OF 2**

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Orange, New Jersey 07050

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