

The Alpert Group

Valley Road Residential | 22 Central Avenue, West Orange, NJ 07052
Tel: 862-621-2233 | Fax: 862-621-2184

THINGS WE NEED 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:

Two (2) separate checks (certified or money order) for the first months rent and 1 months security
Personal check \$500 (Move-in Security. Refundable if no damages when moving in).

MAKE CHECKS PAYABLE TO: HARVARD DEVELOPMENT ASSC. LP

Please note that **no cash** will be accepted for initial deposits. 1st month rent and security **must** be paid by certified bank check or money orders only.

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RENTAL APPLICATION 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 / 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: _____
Present 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-APPLICANTS EMPLOYER: _____ Dates From: _____ To: _____
Employer's Address: _____ Telephone: _____
Position: _____ Supervisor: _____ Gross Monthly Salary \$ _____

OTHER INFORMATION

Have You or Your 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 on inquiry on my file.

Applicant 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"/> Present Landlord	
<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

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

_____ City, State Zip Code
Applicant / Tenant Name

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 (933) 675-4025. Thank you for your cooperation.

Sincerely,

Faith Moore
Property Manager

I hereby consent to release of the information requested.

_____ Telephone Number Date
Applicant / Tenant Name

_____ Telephone Number Date
Co-Applicant / Co-Tenant Name

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 _____%

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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).

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:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Value of Trust Fund Administered: Anticipated amount of income to be earned by Trust over next 12 months	Trust: \$ _____ \$ _____
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Value of equity in real property	Property: \$ _____
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I certify that the above information is true and correct.

_____ <i>Name of Banking Official</i>	_____ <i>Title of Banking Official</i>
_____ <i>Company</i>	_____ <i>Signature</i>
_____ <i>Address</i>	_____ <i>Date</i>
_____ <i>City, State, Zip Code</i>	_____ <i>Telephone Number</i>

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