

Hunters Glen Apartments

“A Private Apartment Community”

Before you bring in your application, please do not forget the following items:

1. **Proof of Income**
 - a) 3 current pay stubs
 - b) If self-employed - Last years tax return
 - c) If starting a new job or transferring to the area, a commitment letter from your employer, stating income and start date
2. Photo ID - Drivers License or other acceptable photo identification.
(Per Person 18 Years or Older)
3. Social Security Card.
(Per Person 18 Years or Older)
4. \$30.00 Credit Application Fee. *(Non-Refundable)*
(Per Person 18 Years or Older)
5. \$100.00 Application Deposit. *(Refundable *)*
(Per Application)
**Certain restrictions apply, see back of application*

We cannot hold or process your application without ALL items listed above.

INCOME CRITERIA

- One Bedroom/One Bath Unit \$400.00 Gross weekly income
- One Bedroom/Den Unit \$440.00 Gross weekly income
- Two Bedroom/One Bath Unit \$500.00 Gross weekly income
- Two Bedroom/Two Bath Unit \$540.00 Gross weekly income

Certified Checks or Money Orders Only!
No Cash Or Personal Checks Accepted!

HUNTERS GLEN APPLICATION FOR APARTMENT RENTAL

{Please Print Clearly and Answer All Questions}

-PLEASE CHECK BOX ON SIZE OF THE APARTMENT YOU ARE APPLYING FOR-

{ } 1-Bedroom { } 1-Bedroom/Den { } 2-Bedroom { } 2-Bedroom/2-Bath
{ } Up Stairs { } Down Stairs { } Price Range _____

PLEASE LIST THE THREE MOST IMPORTANT FEATURES YOU ARE INTERESTED IN

(1) _____ (2) _____ (3) _____

*** What Date Would You Like To Move-In By *** Date: ____/____/____

HOW DID YOU HEAR OR LEARN OF HUNTERS GLEN (Please check all that apply)

{ } Yellow Pages { } Driving by the Community { } Referral by a Non-Resident { } Apt. Guide Book
{ } Previous Resident { } Referral by an Employee { } Burlington County Times { } Apt. Guide.com
{ } Referral by a Resident { } Apt. Blue Book { } Apt. Shoppers Guide { } Other _____

If a resident or a friend referred you, then please list their full name and address:

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Phone # : _____

LIST ALL PEOPLE THAT SHALL BE RESIDING IN YOUR APARTMENT - (Including Yourself)

{Management requires everyone over the age of 17 to be issued an Identification Card}

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>BIRTH DATE</u>	<u>SOC/SEC #</u>

LIST ALL PETS: How Many # : _____ (Pets over 25 pounds, average breed weight, will not be accepted)

{Circle Type}

Cat / Dog / Other: Name: _____ Breed: _____ Weight: _____ Color: _____

Cat / Dog / Other: Name: _____ Breed: _____ Weight: _____ Color: _____

LIST ALL VEHICLES THAT SHALL BE PARKED WITHIN THE PROPERTY

Color: _____ Make: _____ Model: _____ Year: _____ Plate: _____ State: _____

Color: _____ Make: _____ Model: _____ Year: _____ Plate: _____ State: _____

Color: _____ Make: _____ Model: _____ Year: _____ Plate: _____ State: _____

THREE REFERENCES

Full Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

WHOM DO WE CONTACT IN CASE OF EMERGENCY (Not living w/ you)

Full Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

****Special Needs:**

APPLICANT or OCCUPANT #1		APPLICANT or OCCUPANT #2	
Name: _____ S.S. #: _____ - _____	Name: _____ S.S. #: _____ - _____	Name: _____ S.S. #: _____ - _____	Name: _____ S.S. #: _____ - _____
Nick Name: _____ Birth Date: _____	Nick Name: _____ Birth Date: _____	Nick Name: _____ Birth Date: _____	Nick Name: _____ Birth Date: _____
Drivers Lic #: _____ State: _____	Drivers Lic #: _____ State: _____	Drivers Lic #: _____ State: _____	Drivers Lic #: _____ State: _____
Home Phone #: () - _____	Home Phone #: () - _____	Home Phone #: () - _____	Home Phone #: () - _____
Business Phone #: () - _____	Business Phone #: () - _____	Business Phone #: () - _____	Business Phone #: () - _____
Cell Phone #: () - _____	Cell Phone #: () - _____	Cell Phone #: () - _____	Cell Phone #: () - _____
E-Mail Address: _____	E-Mail Address: _____	E-Mail Address: _____	E-Mail Address: _____
Current Address: _____	Current Address: _____	Current Address: _____	Current Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
How Long: _____ Present Monthly Rent : \$ _____	How Long: _____ Present Monthly Rent : \$ _____	How Long: _____ Present Monthly Rent : \$ _____	How Long: _____ Present Monthly Rent : \$ _____
Reason For Moving: _____	Reason For Moving: _____	Reason For Moving: _____	Reason For Moving: _____
Current Landlord's Name: _____	Current Landlord's Name: _____	Current Landlord's Name: _____	Current Landlord's Name: _____
Address: _____	Address: _____	Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone #: () - _____ Fax #: () - _____	Phone #: () - _____ Fax #: () - _____	Phone #: () - _____ Fax #: () - _____	Phone #: () - _____ Fax #: () - _____
Prior Street Address: _____	Prior Street Address: _____	Prior Street Address: _____	Prior Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Monthly Rent: \$ _____ How Long: _____	Monthly Rent: \$ _____ How Long: _____	Monthly Rent: \$ _____ How Long: _____	Monthly Rent: \$ _____ How Long: _____
Prior Landlord's Name: _____	Prior Landlord's Name: _____	Prior Landlord's Name: _____	Prior Landlord's Name: _____
Street Address: _____	Street Address: _____	Street Address: _____	Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone #: () - _____ Fax #: () - _____	Phone #: () - _____ Fax #: () - _____	Phone #: () - _____ Fax #: () - _____	Phone #: () - _____ Fax #: () - _____
Current Employer: _____	Current Employer: _____	Current Employer: _____	Current Employer: _____
Supervisor: _____ Your Position: _____	Supervisor: _____ Your Position: _____	Supervisor: _____ Your Position: _____	Supervisor: _____ Your Position: _____
Gross Weeks Pay: \$ _____ How Long: _____	Gross Weeks Pay: \$ _____ How Long: _____	Gross Weeks Pay: \$ _____ How Long: _____	Gross Weeks Pay: \$ _____ How Long: _____
Street Address: _____	Street Address: _____	Street Address: _____	Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Employer #: () - _____ Fax #: () - _____	Employer #: () - _____ Fax #: () - _____	Employer #: () - _____ Fax #: () - _____	Employer #: () - _____ Fax #: () - _____

Optional:

Primary Language Spoken: _____ **Secondary Language Spoken:** _____

Country of Origin: _____

NOTE: ALL THE INFORMATION REQUESTED MUST BE ANSWERED CORRECTLY. FAILURE TO ANSWER ALL QUESTIONS MAY RESULT IN YOUR APPLICATION NOT BEING PROCESSED, OR IT MAY CAUSE A DELAY IN PROCESSING!

PLEASE READ THE FOLLOWING PAGE CAREFULLY AND SIGN WHERE INDICATED

1. What is/was your reason for leaving your last home/apartment? _____
2. Are there any money judgements pending against any of the applicants? { } Yes { } No
3. Have any of the adult applicants ever declared bankruptcy? { } Yes { } No
4. Have any of the adult applicants ever been convicted of any drug-related activity? { } Yes { } No
5. Have any of the adult applicants ever been accused of any drug-related activity? { } Yes { } No
6. Have any of the adult applicants ever engaged in the sale of illegal drugs? { } Yes { } No
7. Have any of the adult applicants ever been arrested for a drug-related incident? { } Yes { } No
8. Have any of the adult applicants ever been arrested, accused or convicted of any type of felony? { } Yes { } No

The undersigned(s) fully understand that if they have misstated the number of persons intended to reside in the apartment; or, if they have made any intended or un-intended misstatement of fact; or, if they have made any other misstatement of material fact relating to the information thereinwith given in the application; or, fail to complete the applications questions; the Landlord, may cancel the application, and/or the Lease, without further notice. Note that this application is accepted subject to verification of the information given. Unless otherwise in writing, by proper signed documents, this application is not subject to availability of a specific apartment chosen by the applicant(s) or anyone else who may reside therewith, or any special advertised.

The undersigned represents that all statements or information given, whether in this application or otherwise, is true and complete, and does hereby authorize verification of the same. Any willful falsification or misrepresentation is cause for application rejection, or at a later time or period termination of the Lease.

(Completed at Application Only)

I/We do hereby deposit \$ _____, on this date: ____/____/____, with the understanding that \$ _____ is considered a Non-Refundable Credit Verification Charge, and \$ _____ is considered an application deposit which is refundable within 30 days of said notification – only if the application is conditionally accepted or rejected by the Landlord.

APPLICANTS VERIFICATION; INITIALS: ____/____/____

(Completed at Lock-Down Only)

I/We do hereby deposit \$ _____, on this date: ____/____/____, with the understanding that it is considered to be a Non-Refundable Reservation Deposit designed to hold a specific apartment (# _____) off the market until ____/____/____ unless I/we cancel the application, in writing, 72 hours after the deposit date. If I/we fail to take legal occupancy within the said time period, I understand and agree that I/we are obligated for any lost rent incurred from the foregoing date. This fee may be charged and/or forfeited by the Landlord for expenses incurred for holding an apartment and for office administration work.

APPLICANTS VERIFICATION; INITIALS: ____/____/____

Any deposit(s) made is subject to being collectible, and if returned as uncollectible, regardless of the reason, Maker/Payor is subject to a \$50.00 charge for each item returned.

CERTIFICATION

I/We do hereby understand, agree, and certify that the statements made herein are true and factual, to the best of my/our knowledge, information, and understanding. I/We are aware that if any of the foregoing should be found to be false, any money paid hereinwith as a deposit will be retained by Management for potential losses incurred. I/We do hereby authorize Berk and Berk a/k/a Manhattan Management Co., LLC d/b/a Hunters Glen Apartments, and its Agent(s), Employee(s), Assign(s), and otherwise, to perform, complete, conduct a credit check, criminal check, rental history verification, employment verification, through any agency of their choosing, and to verify information given, or not given, hereinwith, as truth, or fact. I/We understand that Management will deny this application if any adult applicant had been convicted of a felony crime. By signing this form, I/We consent to the release of my/our criminal record to Management. I/We agree that I/we will not file any claim or lawsuit relating to Managements use of my/our criminal record, credit report and/or any other verification listed above. I/We do hereby agree to hold harmless, indemnify and defend said authorized, from any causes, matters, actions, or otherwise, resulting therefrom.

Applicant's Signature:

Date:

Applicant's Signature:

Date:

Applicant's Signature:

Date:

Agent's Signature:

Date: