

CREDIT RENTAL APPLICATION

(Each co-resident must submit a separate application)



Estling Village
AT DENVILLE
 30 Estling Lake Road
 Denville, New Jersey 07834
 973-539-7999

OFFICE USE ONLY

Approved _____	Not Approved _____
No. Assigned _____	
Address _____	
Amt. Deposit Received _____	
Date Deposit Received _____	
Date of Occupancy _____	
Date of Lease _____	
Rating _____	
Priority _____	

Date _____ Time _____

Property Name _____

Address Requested _____

NAME _____			Date of Birth _____
<small>(First)</small>	<small>(Middle)</small>	<small>(Last)</small>	
Social Security No. _____	Driver's License No. _____	State _____	
Spouse/Roommate Name _____			Date of Birth _____
Social Security No. _____	Driver's License No. _____	State _____	

PRESENT ADDRESS City - State - Zip			Phone	Years
Owner/Manager	Address	City - State - Zip	Phone	
PREVIOUS ADDRESS City - State - Zip			Phone	Years
Owner/Manager	Address	City - State - Zip	Phone	
CURRENT EMPLOYER			Phone	Years
Position	Salary	Supervisor's Name	Phone	
PREVIOUS EMPLOYER			Phone	Years
Position	Salary	Supervisor's Name	Phone	
SPOUSE'S EMPLOYER			Phone	Years
Position	Salary	Supervisor's Name	Phone	
In Case of Emergency Notify			Phone	
	Address	City - State - Zip		

Residence Desired (No. of Bedrooms) _____ Date of Occupancy _____ Minimum Occupancy Expected _____

Have you ever broken a lease or been evicted from any type of housing? Yes No If yes, please explain: (Use back for additional space)

Names of Other Occupants: *(All persons occupying premises must be listed)*

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many Autos (Including company cars) would you keep at this address? _____

Make _____ Color _____ Year _____ Lic. Tag No. _____ State _____

Make _____ Color _____ Year _____ Lic. Tag No. _____ State _____

Do you have any pets? _____ If so, indicate kind, weight, breed, age _____

How did you find out about us? _____

REFERENCES

BANK		Address		Account Number	
MAJOR CREDIT CARD & NUMBER		Expires	MAJOR CREDIT CARD & NUMBER		Expires
OPEN ACCOUNT		Phone		Amount Owed	
OPEN ACCOUNT		Phone		Amount Owed	
PERSONAL REFERENCE		Address		Phone	
PERSONAL REFERENCE		Address		Phone	

You have my permission to run a credit check Yes No. A credit check will appear on your credit report as an inquiry. This application and the contents thereof are represented, by me, to be accurate and complete.

Signature _____ Spouse's / Roommate's Signature _____