THE GARDENS AT RARITAN ONE CHESTER CIRCLE NEW BRUNSWICK, NJ 08901 (732) 247-0600 ext. 104 or 105

Dear Applicant:

Thank you for applying for an apartment home at The Gardens at Raritan. At this time, we would like to advise you of our policies regarding new apartment applications.

Available apartments are rented on a first come first serve basis from the date the completed application along with receipt of the applicable non-refundable processing fee. The fee covers a credit and criminal background check. No walked in credit or criminal reports will be accepted.

You, the prospective resident must provide the following:

- 1. Applicant(s) must provide a minimum of five years residence history on the application.
- 2. Verifiable income (2 current pay stubs or letter from employer) for each household member 18 years of age or older. Income other than employment such as social security, disability or child support will require documentation of such. If self-employed, income statements from accredited accountant or two years tax returns will be required. *Unemployment compensation is not acceptable as a form of income*.
- 3. Applicant(s) must provide copy of valid photo ID (i.e. drivers' license or state issued ID) along with a social security card that matches information given on application for each household member 18 years of age or older. Birth Certificates and social security cards are required for any minors that will be included in the household.
- 4. The non-refundable application fee is \$35.00 for each applicant and \$35.00 for each additional household member 18 years of age or older. The fee must be paid in the form of a money order.

Desired Apt. Floor plan _____ When are you looking to Move In: _____ Number of occupants to reside in Apartment ____

be required to pay a \$500.00 holdin 72 hours to cancel after which the	all qualified applicants will be notified of their status along with a lease signing and move-in schedule. You will g fee also to be paid in the form of a money order or certified check within two days of your approval. You have cholding fee becomes non-refundable. This holding fee will be deducted from the required security deposit for d a half times the monthly rent for the desired unit. The balance of the security deposit is due at lease signing ted rent.
limit for household pets is 30 lbs ar	quired in the amount of \$300.00 for each pet and the pet rent is \$25.00 per pet per month. The maximum weight d a maximum of one pet per bedroom size will be allowed. All cats and dogs must be registered and licensed with necessary proof of such license along with required vaccination records and picture of animal must be provided
Do you own any pets?	if so, please specify type
How did you find out about us?	·
A co-signer will only be conditiona (Maximum of 2 co-signers will be a	lly accepted when the applicant does not meet the credit or income criteria allowed per apartment).

- Unfavorable credit
- Unfavorable landlord references (i.e. eviction fillings in the past 5 years, damages, skipped or disturbances)
- Unfavorable employment references
- Insufficient income to support the apartment unless subsidized. The minimum income is determined by the selected unit using the rent to income multiplier of 3.
- Inaccurate or falsified information submitted on the application.
- Any crime/felony convictions within the past (20) twenty years dependent on the type and severity.

Applicants are screened through a third-party agency and may be rejected for but not limited to the following reasons:

All rejected applicant(s) will receive written notification outlining the reason(s) for rejection along with the name of the credit bureau which provided the credit information.

I HAVE READ AND UNDERST	'AND THE AR	OVE CONDITIONS

Applicant	Date:	
Applicant	Date:	

Raritan Brunswick LP/The Gardens at Raritan

Rental Application

Tel: (732) 247-0600 • Fax: (732) 247-2832

Last Name	First N	First Name M.I.			Co-Applicant Last Name First Name M.I.				M.I.	
D ((D) ()						10:10 :: 11				
Date of Birth	Social Security Nu	lumber Home		Telephone	Date of Birth	Social Security Nu	imber	ber Home Telephone		
/ / E-Mail Address	-	-	Mobile Telephone		/ / E-Mail Address			Mobile Te	elephone	-
E Mail / Idal 600			1	\ _	E Mail Address			1	1	
Current Street Address		City	(State Zip Code	Co-Applicant Current Add	ress (if different)	City	() State	Zip Code
		•		·		,	•			·
Length of Residence at Cu	rrent Address	Ever Filed Eviction?	for	Own or Rent?	Length of Residence at C	urrent Address	Ever File		Own or	Rent?
months		☐ Yes	П No	☐ Own ☐ Rent	months		Eviction?		ПОМ	n □ Rent
Previous Street Address		City		State Zip Code	Co-Applicant Previous Ad	dress (if different)	City		State	Zip Code
Length of Residence at Pre	evious Address	Ever Filed Eviction?	for	Own or Rent?	Length of Residence at Previous Address		Ever Filed for Eviction?		Own or Rent?	
months		☐ Yes	□ No	☐ Own ☐ Rent	months		☐ Yes	_	□ Ow	n □ Rent
					•					
Londond on Aront None		Londord	م ما ما ما		ousing Informatio		Londlord	Talanhan	NI: mala a u	
Landlord or Agent Name		Landlord T	elepnone	e Number	Co-Applicant Landlord or	Agent Name	Landiord	Telephon	e Number	
Reason for Leaving		Length of F) Rental	Monthly Rent	Reason for Leaving		Length o	f Rental	- Monthl	/ Rent
			Worlding Rent	reason for Leaving				WIOTHIN	y IXOIII	
		mor	าเทร				me	onths		
				Employment / In	ncome / Bank Info	rmation				
Present Employer Name		Position		<u> </u>	Co-Applicant Employer Na		Position			
Supervisor Name		Telephone	Numbe	er	Supervisor Name		Telephor	ne Number		
		()	-			()	-	
Employer Address		City	<u>, </u>	State Zip Code	Employer Address		City		State	Zip Code
Employed	Check Here if Not Employed	Salary / W	ages	per □ month	Employed	☐ Check Here if Not Employed	Salary / \	Nages	per	☐ month
From To	0			, □ year	From	То			•	□ year
Prior Employer Name		Position		·	Co-Applicant Prior Employ	yer Name	Position			
Supervisor Name		Telephone	Numbe	er	Supervisor Name		Telephor	ne Number		
·		()	_			()	_	
Employer Address		City	'	State Zip Code	Employer Address		City		State	Zip Code
Employed 🗆 c	Check Here if Not Employed	Salary / W	2006	nor 0 4	Employed	☐ Check Here if Not Employed	Salary / \	Nanas	201	
		Galary / W	uges	per □ month			Jaiaiy / N	, ayes	•	☐ month
From To	,	Amount		□ year	From Other Income	То	Amount			□ year
SSI Disability Ret	rement Other	,		per □ month	SSI Disability F	Retirement	,		•	month
Bank Name		Telephone	Number	□ year	Name		Telephor	ne Number		□ year
		1	1				1	1		
Account Number	Account Type) Fv	ver Filed for Bankruptcy?	Account Number	Account Type		J Eve	Filed for	Bankruptcy?
	Checking	□ Savina		1 Yes □ No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Checking	□ Savina		Yes F	' '

Raritan Brunswick LP/The Gardens at Raritan

Rental Application

Tel: (732) 247-0600 • Fax: (732) 247-2832

		Oth	er Occupants			
Name		Date of Birth	Name		Date of	Birth
		/ /			1	1
Social Security Number	•	Relationship	Social Security Number Relationship		ship	
, , , , , , , , , , , , , , , , , , , ,						
		2 (2)			5	D. 4
Name		Date of Birth	Name		Date of	Birth
		/ /			/	/
Social Security Number	•	Relationship	Social Security Number	r	Relations	ship
		Cri	minal History			
Have you ever been	If "Yes", Date of Most	Nature of Conviction	Have you ever been	If "Yes", Date of Most	Nature	of Conviction
convicted of a crime?	Recent Conviction?		convicted of a crime?	Recent Conviction?		
☐ Yes ☐ No			☐ Yes ☐ No			
If "Yes", #:			If "Yes", #:			
Car Year / Make / Model		Vehi License Plate State / Number	cle Information Car Year / Make / Model			License Plate State / Number
	1		1	1		
/	/		/	/		
Name		Emergency Telephone Number	/ Contact Informa	tion	Telenho	ne Number
ramo		rolephone reamber	Name		, ciopiloi	\ \
Address		Relationship	Address		Relations) -
Address		Relationship	Address		Relations	snip
Applicant Signature(s)						
		e that the above information				
		obtain information it deems				
		dit reports, civil or criminal a				
		relevant information. I/we un				
is not required to re-verify or investigate preliminary findings. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I/we declare that the						
statements made in the application are true and correct and that any information which is false, misleading, or						
		rejection of the application				
	material breach of the lease, entitling Raritan Brunswick LP/The Gardens at Raritan to terminate my/our tenancy. I also understand that the application fee is non-refundable, even if my application is denied.					
anacistana that the application ree is non-retainable, even if thy application is deflica.						
Applicant: X		Date:	Co-Applicant: X	7		Date:
Applicalit. A		-a.c. (
			BOLD are REQUIRED			Date.

OFFICE USE ONLY					
NTN Access Number: NJ3652	Address/Unit Applied for:	Monthly Rent Amount for unit applicant is applying for: \$			
Return Fax #:	Projected Move-In Date:	Apartment / Unit Type:			

THE GARDENS AT RARITAN

ONE CHESTER CIRCLE NEW BRUNSWICK, NJ 08901

(732) 247-0600 ext. 104 or 105 FAX (732) 247-2832 www.TheGardensatRaritan.com

I,	am applying for a
bedroom apartm	nent. I would like to move in on
•	one person may live in a studio apartment, a maximum of two people in at, and a maximum of four people in Two Bedroom apartment.
I understand, and will abide by the occupancy st	tandards of The Gardens at Raritan as explained above.
The following people will be occupying the apar	tment:
I understand that I will be held responsible for a occupancy standards.	any legal charges and/or fines resulting from a violation of the above
I understand that an inspection of my apartment verifying that I am not in a violation of the occup	nt, upon proper notice, may be done at any time for the purpose of pancy standards.
APPLICANT	DATE
APPLICANT	DATE