

Chasbob Inc.
 Apartment Rental Application
 The Woods at King George
 775 Mountain Blvd., Suite #7
 Watchung, New Jersey 07069
 Office (908) 668-0284 / Fax (908) 668-4676
 WWW.Affordablerentalsnj.com

(SORRY, NO PETS)

APPLICANT NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIPCODE: _____

CONTACT PHONE #: _____ DESIRED BEDROOM SIZE: _____

EMAIL ADDRESS: _____ DESIRED MOVE IN DATE: _____

1.) List all HOUSEHOLD MEMBERS intended to live in the unit; Begin with Head of Household

MEMBERS FULL NAME	RELATIONSHIP	SOCIAL SECURITY #	BIRTH DATE	AGE	SEX

2.) Provide all sources of INCOME for all household members: Salary, Commission, Alimony, Child Support, Social Security, Pension, Disability, Military, including other Social Service Program Assistance

MEMBERS NAME	ALL SOURCES OF INCOME/ALL TYPES OF INCOME YOU MUST INCLUDE YOUR EMPLOYMENT SALARY	ANNUAL INCOME

3.) Provide all ASSETS for all household members: Checking, Savings, 401K, IRA, Keogh Accounts, CD, Stocks, Bonds, sale of home, income from rental property

MEMBERS NAME	INSTITUTION	ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE

Do you own real estate or any assets for which you receive income?
 Have you sold or given away real property or other assets (including cash) in the past 2 years?
 Are you responsible for paying Alimony or Child Support? If so, how much do you pay monthly?
 Do you receive or expect to receive Alimony of Child Support? If so, how much will you receive?
 Do you or any household members, including relatives live or work in Somerset County?
 How did you hear about our apartment complexes?

PRESENT RENTAL: Name and address of Landlord:

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Telephone #: _____
How long have you lived there? _____
Reason for leaving? _____
Current Rent? _____

PREVIOUS RENTAL: Name and address of Landlord:

Telephone #: _____
How long have you lived there? _____
Reason for leaving? _____
Current Rent? _____

Employment:

Name and address of Head of Household present employer:

Title: _____

Telephone #: _____
Supervisor's Name? _____
How long have you worked there? _____
Annual Gross Salary? _____

Name and address of spouse's or co-head present employer:

Title: _____

Telephone #: _____
Supervisor's Name? _____
How long have you worked there? _____
Annual Gross Salary? _____

APPLICATION CERTIFICATION:

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact the current landlord or other sources of credit and verification information which may be released to appropriate Federal, State, or Local Agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of Owner/Manager: _____ Date: _____

NJHMFA Approval: _____ Date: _____

We do business in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988) it is Illegal to Discriminate against Any Person Because of Race, Religion, Sex, Handicap, Familial Status, or Native Origin