

**FERRUGGIA ASSOCIATES INC. / CHASBOB INC.**

Affordable 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

chasbob@ferruggiaassociates.com

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 have any pets? \_\_\_\_\_ If so, what kind, breed, size, and age \_\_\_\_\_

How many automobiles? Make \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_ Lic. # \_\_\_\_\_  
 Make \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_ Lic. # \_\_\_\_\_

References: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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: \_\_\_\_\_

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