

Items you need to reserve your Apartment Home

All Persons 18 years or older, requesting Leaseholder Status:

- ❖ Driver's License OR state/government photo identification
- ❖ Social Security Card OR W7 (Taxpayer Identification Number)
- ❖ Proof of Income
 - ✓ 3 consecutive pay stubs or last's years tax returns
 - ✓ If self employed - Last's year's tax returns
 - ✓ If starting a new job or transferring to the area, a commitment letter from employer stating income and start date.
- ❖ Proof of current address if not listed on Photo Identification or Proof of Income forms.
- ❖ Complete BOTH Sides of the Adult Application and sign the authorization area.
- ❖ A \$50.00 Non-Refundable Fee for each adult applicant.
Approval to become a Leaseholder for an apartment is based on income after expenses; landlord/mortgage history; credit, including bankruptcy history; job history and a criminal/background check.

All Persons 18 years or older, requesting Occupant Status:

- ❖ Driver's License OR state/government photo identification
- ❖ Social Security Card OR W7 Card/Letter(Taxpayer Identification Number)
- ❖ Proof of current address if not listed on Photo Identification.
- ❖ Complete Side 1 of the Adult Application and sign the authorization area on Side 2.
- ❖ A \$50.00 Non-Refundable Fee for each adult occupant.
Approval to become an Occupant for apartment is based on a criminal/background check and a Hunters Glen Apartment History check.

All Persons who are a minor/child must be listed as Household Members in the appropriate area of the application form.

Per Application

- ❖ \$100.00 Refundable* Application Deposit (**Restrictions apply, see back of application*)
- ❖ Signature of the Head of Household, in the Application Acceptance portion of this form.

General Information

Every person 18 years of age or older residing in the apartment, whether a leaseholder or occupant, is required to submit a completed application in order for us to perform a criminal/background check.

The application process takes approximately 3-5 business days to complete for final approval. Pre approval screening is available upon request.

Application must be filled out completely. Application Deposits shall be forfeited for certain circumstances, including but not limited to; omissions and/or false statements on the application form, cancellation of the application upon or after acceptance by Hunters Glen Apartments.

Application fees may be paid in the form of Credit Card, Money Order or Personal Check. Please make all fees payable to Hunters Glen Apartments. Sorry, cash is not accepted.

Statement of Rental Policy

All Leaseholders must be at least 18 years of age or older. All persons under the age of 24 months are not counted as occupants of the apartment unit.

Definitions:

- Leaseholder: Financially, physically & legally responsible for the Lease Agreement/Apartment Unit. If more than one, all Leaseholders are jointly & separately responsible for the Lease Agreement/Apartment Unit.
- Occupant: Officially registered to live in the apartment, but not responsible for the Lease Agreement. Occupants do not have the right to discuss/decide financial, physical and/or legal matters regarding the Lease Agreement/Apartment Unit.

Income (after expenses) Recommendations:

❖ One Bedroom/ One Bath	\$500.00 Gross Weekly Income
❖ One Bedroom/Den	\$525.00 Gross Weekly Income
❖ Junior Two Bedroom	\$550.00 Gross Weekly Income
❖ Two Bedroom/One Bath	\$650.00 Gross Weekly Income
❖ Two Bedroom/Two Bath	\$700.00 Gross Weekly Income

Eligibility requirements for an apartment and any specials offered at the time of application are based on income (*after expenses*), landlord/mortgage history, credit, job history and a criminal background check.

Applications will be denied based upon unfavorable landlord, an open bankruptcy and/or criminal background history.

Occupancy Limits:

- One Bedroom/ One Bath: limit of two (2) people allowed; one (1) extra person(s) with \$50.00 per month over occupied fees.
- One Bedroom/ Den: limit of three (3) people allowed; zero (0) extra person(s).
- Two Bedroom/ One Bath: limit of two (3) people allowed; one (1) extra person(s) with \$50.00 per month over occupied fees.
- Two Bedroom/ Two Bath: limit of two (3) people allowed; one (2) extra person(s) with \$50.00 per month over occupied fees.

Vehicle Policy:

A maximum of two (2) vehicles will be issued parking permits, per occupant restrictions apply. Additional vehicles, upon proper registration with management, may be issued with an additional monthly rental fee. Each apartment unit is assigned one (1) parking space; additional vehicles must be parked in visitor/unassigned parking spaces.

Pet Policy:

Maximum limit is two (2) pets; Non Refundable Pet Fee is \$200.00 per apartment unit. There are no additional charges for two pets or over-sized pets. Certain restrictions apply, including dog breeds - Ask your Leasing Consultant for a written list of restrictions.



Hunters Glen

A great place to live.

3001 Route 130 South
Business Office
Delran, NJ 08075
Phone: (856) 461-5300
Fax: (856) 461-7618
Email: info@huntersglen.com
www.Huntersglen.com

Your Leasing Consultant's name is: _____

Application submitted for: Apartment # _____ Waitlist



Hunters Glen Apartments Rental Application

Please print clearly and answer all questions



I am applying for a:

<u>Size</u>	<u>Level</u>	<u>Type</u>
<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> Upstairs	<input type="checkbox"/> Premium Unit
<input type="checkbox"/> 1 Bedroom/Den	<input type="checkbox"/> Downstairs	<input type="checkbox"/> Upgrade Unit
<input type="checkbox"/> 2 Bedroom 1 Bath	<input type="checkbox"/> Upstairs with Loft	<input type="checkbox"/> Standard Unit
<input type="checkbox"/> 2 Bedroom 2 Bath	<input type="checkbox"/> Downstairs with Basement	<input type="checkbox"/> Special Unit

Features that are important to me are:

- _____
- _____
- _____

My Smoking Preference is:

- Smoke Free Building
 Conversion Building (partially smoke free)
 Unrestricted/Smoking Building



Desired Move in Date: ____/____/____ Special Needs: _____

Household Language: _____ Secondary Language: _____



Why did you choose Hunters Glen for your new home? (Please check all that apply)

- | | | |
|-------------------------------------------|--------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> General Location | <input type="checkbox"/> Apartment Amenities | <input type="checkbox"/> Appearance |
| <input type="checkbox"/> School District | <input type="checkbox"/> Property Amenities | <input type="checkbox"/> Reputation |
| <input type="checkbox"/> Close to work | <input type="checkbox"/> Affordable Rent | <input type="checkbox"/> Pet Policy |
| <input type="checkbox"/> Close to family | <input type="checkbox"/> Discounts | <input type="checkbox"/> Public Transportation |
| <input type="checkbox"/> Close to friends | <input type="checkbox"/> Size of Apartment Units | <input type="checkbox"/> Other _____ |



How did you hear or learn about Hunters Glen? (Please check all that apply)

- | | | |
|---------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| Internet | Referred by** | Newspaper |
| <input type="checkbox"/> ApartmentGuide.com | <input type="checkbox"/> A Current Resident | <input type="checkbox"/> Burlington County Times |
| <input type="checkbox"/> Apartments.com | <input type="checkbox"/> A Previous Resident | <input type="checkbox"/> Courier Post |
| <input type="checkbox"/> CraigsList.com | <input type="checkbox"/> A Non Resident | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ForRent.com | <input type="checkbox"/> A Hunters Glen Employee | |
| <input type="checkbox"/> Rentals.com | <input type="checkbox"/> My Employer | |
| <input type="checkbox"/> MyNewPlace.com | <input type="checkbox"/> Military Housing Office | Rental Magazine |
| <input type="checkbox"/> 4Walls.us | <input type="checkbox"/> Another Community | <input type="checkbox"/> Apartment Guide Book |
| <input type="checkbox"/> Rent.com | <input type="checkbox"/> A Local Business | <input type="checkbox"/> Rentals Magazine |
| <input type="checkbox"/> HuntersGlen.com | <input type="checkbox"/> Flyer/Mailer | <input type="checkbox"/> For Rent Magazine |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Other advertising, not listed: _____

**If you were referred, please complete the information below for referral bonus:

Name/Company: _____ Referral ID #: _____
Street Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____ Phone #: _____



For questions regarding my application, I may be reached by: E-mail: _____ or

Telephone: (Day) _____ (Evening) _____ (Cell) _____





How many people will be living in the Apartment Unit? _____

Please tell us about your household members

1. **Primary Applicant:** Full Name: _____ **Head of Household**

2. **Full Name:** _____ **Gender:** []Male []Female **Age:** _____
 [] **Adult** (18 or older) Complete separate Applicant Form [] **Minor/Child** - please fill in the information below:
 Birth Date: ____/____/____ Social Security #: _____ - _____ - _____

3. **Full Name:** _____ **Gender:** []Male []Female **Age:** _____
 [] **Adult** (18 or older) Complete separate Applicant Form [] **Minor/Child** - please fill in the information below:
 Birth Date: ____/____/____ Social Security #: _____ - _____ - _____

4. **Full Name:** _____ **Gender:** []Male []Female **Age:** _____
 [] **Adult** (18 or older) Complete separate Applicant Form [] **Minor/Child** - please fill in the information below:
 Birth Date: ____/____/____ Social Security #: _____ - _____ - _____

5. **Full Name:** _____ **Gender:** []Male []Female **Age:** _____
 [] **Adult** (18 or older) Complete separate Applicant Form [] **Minor/Child** - please fill in the information below:
 Birth Date: ____/____/____ Social Security #: _____ - _____ - _____



How many pets will be living in the Apartment Unit? _____

Please tell us about your pets

1. **Pet Owner:** _____ **Pet Type:** _____ **Breed:** _____
Size/Weight: _____ **Color:** _____ **Name:** _____

2. **Pet Owner:** _____ **Pet Type:** _____ **Breed:** _____
Size/Weight: _____ **Color:** _____ **Name:** _____



How many vehicles will be parked on the premises? _____

Please tell us about your vehicles

1. **Vehicle Owner:** _____
Vehicle Type: _____ **Make:** _____ **Model:** _____
Year: _____ **Color:** _____ **License Plate #:** _____ **State:** _____

2. **Vehicle Owner:** _____
Vehicle Type: _____ **Make:** _____ **Model:** _____
Year: _____ **Color:** _____ **License Plate #:** _____ **State:** _____

3. **Vehicle Owner:** _____
Vehicle Type: _____ **Make:** _____ **Model:** _____
Year: _____ **Color:** _____ **License Plate #:** _____ **State:** _____



Optional Information, for statistical purposes only

Household information

Country of Origin: _____

Country of Citizenship: _____

Ethnicity: _____

For Office Use Only at time of Application Acceptance

I/We do hereby deposit \$ _____, on this date: ____/____/____, with the understanding that \$ _____ is considered a non-refundable credit/ criminal background verification charge, and \$ 100.00 is considered an application deposit which is refundable only if the application is rejected or a required cosigner cannot be obtained. Falsification of the application, by any applicant, will result in forfeit of the application deposit. Cancellation of the application upon approval notification will result in the forfeit of the application deposit. Interpretation, performed by a bi-lingual attorney, of legal rights & responsibilities of the apartment lease may be required by the landlord as a condition of application approval. If such condition is required, attorney fees of \$100.00 will be charged, as additional rent, upon move in. Bi-lingual attorney review required by Landlord: NO [] YES []

APPLICANTS VERIFICATION;

Head of Household Applicant Signature: _____ Date: _____

Agent for Landlord Signature: _____ Date: _____

For Office Use Only at time of Lease Commitment

I/We do hereby deposit \$ _____, on this date: ____/____/____, with the understanding that it is considered a non-refundable deposit to hold apartment # _____ off the market until my/our move in date of ____/____/____, unless I/we cancel the Lease, in writing, within 72 hours of the deposit date listed above. If I/we fail to take legal occupancy on or before the said move in date, 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 deposits forfeited by the Landlord for expenses incurred for holding an apartment and for office administration work.

APPLICANTS VERIFICATION;

Head of Household Applicant Signature: _____ Date: _____

Agent for Landlord Signature: _____ Date: _____

ADULT APPLICANT SIDE 1

General Information

NAME: First: _____ Middle: _____ Last: _____ Suffix: _____

Former last name: _____ Nickname: _____

Home #: _____ Cell #: _____ Work #: _____ Email address: _____

APPLICANT TYPE: Leaseholder / Occupant / Resident Visitor / Cosigner Guarantor

Gender: Male/Female Marital Status: _____ S.S. #: _____ - - Birth Date: _____

ID TYPE: Drivers License/ Passport/Other _____ #: _____ Issued by: _____

Current Residence Rental History

Street address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Monthly Rent/Mortgage amount: _____ Month & Year of Move in: _____

Landlord/Mortgage Company: _____ RENT/ OWN/ OTHER

Landlord/Mortgage Contact Name: _____ Landlord/Mortgage Phone: _____

Landlord/Mortgage Fax: _____ Landlord/Mortgage Email: _____

Reason For Moving: _____

Previous Residence Rental History – Must be completed if above is less than 3 years

Street address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Monthly Rent/Mortgage amount: _____ Month & Year of Move in: _____ Month & Year of Move out: _____

Landlord/Mortgage Company: _____ RENT/ OWN/ OTHER

Landlord/Mortgage Contact Name: _____ Landlord/Mortgage Phone: _____

Landlord/Mortgage Fax: _____ Landlord/Mortgage Email: _____

Reason For Moving: _____

Emergency Contact Information – For Head of Household, list a person that will not be living in your household

Name: _____ Relationship: _____

Street address: _____

City: _____ State: _____ Zip: _____ Email address: _____

Home #: _____ Day/Evening Cell #: _____ Work #: _____

Day/Evening

In the event of serious illness, death or other circumstances that would make you unavailable, this emergency contact can enter the apartment unit and/or remove personal property from the apartment unit or the common ground? [] Yes [] No

- 1. Have you ever lived outside the state of New Jersey? [] Yes [] No
- 2. Have you ever been evicted, sued for rent, sued for property damage or broken a lease? [] Yes [] No
- 3. Have you ever been arrested, convicted or plead for a felony, sex-related crime or misdemeanor assault against another person? [] Yes [] No
- 4. Do you currently have an open or filed bankruptcy? [] Yes [] No

If you have answered yes to any of these question, please explain: _____

ADULT APPLICANT SIDE 2**Current Employment History**

Company/Employer Name:			
Job/Industry Type:		Job Title:	
Month & Year Started:	Gross Salary(before taxes):	Weekly/Biweekly/Monthly/Annually	
Street address:			
City:	State:	Zip:	County:
Supervisor/Contact Name:		Employer Phone:	
Employer Fax:		Employer Email:	
Transportation to work: Drive/Public Transportation/Walk/Other		Miles traveled to work, per day:	

Previous Employment History – Please complete if above is less than 3 years

Company/Employer Name:			
Job/Industry Type:		Job Title:	
Month & Year Started:	Month & Year Ended:	Gross Salary:	Weekly/Biweekly/Monthly/Annually
Street address:			
City:	State:	Zip:	County:
Supervisor/Contact Name:		Employer Phone:	
Employer Fax:		Employer Email:	
Reason For Leaving:			

Additional Annual Income – Verifiable proof of income required

Source of Additional Income: []Second Job []Child Support []Alimony []Social Security/SSI []Pension []Other _____			
Gross Amount:	Weekly/Biweekly/Monthly/Annually	Month & Year Income Started:	

Please Complete if Income Source is an Additional Job

Company/Employer Name:			
Job/Industry Type:		Job Title:	
Street address:			
City:	State:	Zip:	County:
Supervisor/Contact Name:		Employer Phone:	
Employer Fax:		Employer Email:	

AUTHORIZATION

I authorize Manhattan Management, LLC to verify the above information by all available means. Manhattan Management, LLC is not required to re-verify or investigate preliminary findings. I declare that the statements made in the application are true and correct and that any information contained in the application which is false, misleading or inaccurate shall be cause for rejection of the application and, if a lease had been entered into, shall constitute a breach of the lease, entitling Manhattan Management, LLC to terminate my or our tenancy. I have read, understand, and will comply with the statement of rental policy.

Applicant's Signature

Date

Revised 11/29/2011