

Sturwood Hamlet Associates, LLC – Tenancy Application

(Please Print- All questions must be answered).

Application must be accompanied with income verification (paystubs, W-2, Tax Returns or Employment Acceptance Letter) and Personal Check/Certified Check/Money Order for \$_____ payable to 'Sturwood Hamlet Associates, LLC.' Debit/Credit Cards also accepted. All Leases are for (1) Year Minimum.

Please tell us how you heard about us! _____ Apt# _____ Occupancy at 12 noon on _____

The undersigned hereby makes an application for Lease of apartment known as:

Applicant #1 – Full Name: _____

Present Address: _____

Street

City/State/Zip Code

Date of Birth _____ Email Address _____

Phone#: Cell _____ Home _____ Work _____

PRESENT LANDLORD'S NAME AND ADDRESS _____

PRESENT LANDLORD'S PHONE NUMBER _____ PRESENT RENT _____

of YEARS at this Address _____ Reason for Leaving _____

Employed by _____ Present Salary _____

Employer's Address _____

Your Position _____ How Long? _____ Your SS# _____

ADDITIONAL INCOME (if any) _____

Have you ever been evicted or asked to leave a Rental Premises? _____ Have you ever been denied a Lease Renewal? _____

Have you ever been convicted of a crime? _____ If yes, please provide Type of Offenses/County/State _____

Applicant #2 – Full Name: _____

Present Address: _____

Street

City/State/Zip Code

Date of Birth _____ Email Address _____

Phone#: Cell _____ Home _____ Work _____

PRESENT LANDLORD'S NAME AND ADDRESS _____

PRESENT LANDLORD'S PHONE NUMBER _____ PRESENT RENT _____

of YEARS at this Address _____ Reason for Leaving _____

Employed by _____ Present Salary _____

Employer's Address _____

Your Position _____ How Long? _____ Your SS# _____

ADDITIONAL INCOME (if any) _____

Have you ever been evicted or asked to leave a Rental Premises? _____ Have you ever been denied a Lease Renewal? _____

Have you ever been convicted of a crime? _____ If yes, please provide Type of Offenses/County/State _____

NAMES OF OTHER RESIDENTS: Please indicate Child or Adult --OR PET INFORMATION--

Child-Age/Adult _____ Pet/Breed/Weight _____

Child-Age/Adult _____ Pet/Breed/Weight _____

The Deposit left with the Rental Office represents processing of the Application & Credit Check Fee & is NOT REFUNDABLE.

This is to notify you that if your lease is NOT executed and if the rent and security balance set forth below is not paid in full at least fifteen (15) days prior to your date of occupancy listed above, your non-refundable deposit of \$_____ and the apartment will be forfeited.

I understand that a Security Deposit of \$_____ is required, payable in advance & that the Monthly Rent is to be \$_____, payable in advance on the 1st day of each month. **Balance of the 1st month's rent and security deposit must be made in the form of (1) Certified Check, Money Order(s) or Cashier Check, payable to: Woodmere Associates, LLC ---or--- Debit/Credit Card Payment.**

By signing below, I/we authorize that the above information is correct, complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my/our application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. It is understood & agreed that any misrepresentation, falsifications or omissions of facts is just cause to deny application and/or demand Tenant(s) to vacate said rental premise on demand. I/we also understand that the application fee is non-refundable, even if my application is rejected.

SIGNATURE _____ Driver's License _____ Date _____

SIGNATURE _____ Driver's License _____ Date _____

SECURITY DEPOSIT _____

RECEIVED _____

1ST MONTH'S RENT _____

CREDIT CHECK _____

PET FEE _____

INSPECTION FEE _____

TOTAL _____

TOTAL _____

Approved By: _____

Personal Checks, Certified Checks, Money Orders, Debit or Credit will be Accepted for Application.

Sturwood Hamlet Associates, LLC – 907 Sturwood Way, Lawrenceville, NJ 08648 - Office: 609-896-2035 /Fax: 609-896-1009