



# Winding Brook Apartments Rental Application Form

Tel: (609) 585-4000 • Fax: (609) 585-2210

The cost of the background investigation is \$65.00 per applicant. This cost is not rent or deposit and is non-refundable. The sum of \$\_\_\_\_\_ is deposited herewith to secure an apartment reservation on the express understanding that it will be returned to me if this application is not approved. If the application is approved, I agree that the money deposited as an apartment reservation shall be applied toward my security deposit, and that I will enter into a lease on your standard form. **Shall I cancel this application; the apartment reservation deposit shall be forfeited. NO PETS ARE ALLOWED.**

Last Name			First Name			M.I.			Co-Applicant Last Name			First Name			M.I.								
Date of Birth / /			Social Security Number - -			Home Telephone ( ) -			Date of Birth / /			Social Security Number - -			Home Telephone ( ) -								
Current Street Address						City			State			Zip Code			Co-Applicant Current Address (if different)								
Previous Street Address						City			State			Zip Code			Co-Applicant Previous Address (if different)								
Length of Residence at Current Address						Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent			Length of Residence at Current Address						Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Applicants E- Mail Address									Co-Applicant E-Mail Address														

### Present Housing Information

Landlord or Agent Name			Landlord Telephone Number ( ) -			Co-Applicant Landlord or Agent Name			Landlord Telephone Number ( ) -								
Reason for Leaving			Length of Rental			Monthly Rent			Reason for Leaving			Length of Rental			Monthly Rent		

### Employment Information

Present Employer Name				Position				Co-Applicant Employer Name				Position				
Supervisor Name				Telephone Number ( ) -				Supervisor Name				Telephone Number ( ) -				
Employer Address				City			State			Zip Code			Co-Applicant Employer Address			
Employed From To				Salary per <input type="checkbox"/> month <input type="checkbox"/> year				Employed From To				Salary per <input type="checkbox"/> month <input type="checkbox"/> year				

### Emergency Contact Information

Name		Telephone Number ( ) -		Name		Telephone Number ( ) -	
Address		Relationship		Address		Relationship	

### Other Information

Car Year / Make / Model / /		License Plate State / Number		Car Year / Make / Model / /		License Plate State / Number					
Other Residents (Names/ Date of Birth)				Other Residents (Names/Ages)							
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Date of Most Recent Conviction?		Nature of Conviction		Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Date of Most Recent Conviction?		Nature of Conviction	
If "Yes", #: _____						If "Yes", #: _____					

### Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. 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 also understand that the application fee is non-refundable, even if my application is rejected.

**Applicant: X**    **Date:**    **Co-Applicant: X**    **Date:**

#### OFFICE USE ONLY

NTN Access Number:		Address/Unit Applied for:		Monthly Rent Amount for unit applicant is applying for: \$			
Date Screened:		Projected Move-In Date:		Apartment / Unit Type:		Key Deposit: \$	

How did you hear about us?  Newspaper  Rent.com  Yellow Pages  Referral, By Whom: \_\_\_\_\_  Other: \_\_\_\_\_