

DBR Management, Inc.  
100 Daibes Court  
Edgewater, New Jersey 07020  
P. 201-840-5715  
F. 201-840-5712

# Rental Application

FOR OFFICE USE ONLY	
DATE	_____
PROPERTY	_____
APT. NO.	_____ RENT \$ _____
AGENT	_____

Please complete all requested information on the front and back of this form. Thank you for your interest in our apartments.

Date of Application \_\_\_\_\_ Desired Date of Occupancy \_\_\_\_\_  
Type and Size of Apartment Wanted (No. of Bedrooms, etc.) \_\_\_\_\_

## PERSONAL INFORMATION

APPLICANT'S FULL NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No./State \_\_\_\_\_  
CO-APPLICANT'S FULL NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No./State \_\_\_\_\_ Relationship \_\_\_\_\_

Full Names of All Other Residents:	Relationship to You	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

How Many Pets Do You or Other Occupants Own? \_\_\_\_\_  
Kind of Pet, Breed, Weight and Age \_\_\_\_\_  
How Did You Hear About Our Property? \_\_\_\_\_

## RESIDENCE HISTORY

PRESENT ADDRESS \_\_\_\_\_  
Present Telephone \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Present Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_  
PREVIOUS ADDRESS \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Previous Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_ Reason for Moving \_\_\_\_\_

## EMPLOYMENT INFORMATION

PRESENT EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_  
PREVIOUS EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
CO-APPLICANT'S EMPLOYER \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

## BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH \_\_\_\_\_ Telephone \_\_\_\_\_  
 Checking Acct. No. \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_  
 Loan Acct. No. \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_  
 CREDIT REFERENCE \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Account No. \_\_\_\_\_  
 CREDIT REFERENCE \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Account No. \_\_\_\_\_  
 OTHER REFERENCE \_\_\_\_\_  
 Address \_\_\_\_\_

## OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) \_\_\_\_\_  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_  
 Other Car, Motorcycle, etc. \_\_\_\_\_  
 Total Gross Monthly Household Income \$ \_\_\_\_\_  
 If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.  
 Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_  
 Comments: \_\_\_\_\_

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent?  Yes  No  
 Been evicted or asked to move out?  Yes  No Broken a Rental Agreement or Lease?  Yes  No  
 Been sued for damage to rental property?  Yes  No Declared Bankruptcy?  Yes  No

In Case of Personal Emergency, Notify: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.*

APPLICANT'S SIGNATURE \_\_\_\_\_  
 CO-APPLICANT \_\_\_\_\_  
 DATE SIGNED \_\_\_\_\_

### FOR OFFICE USE ONLY — DO NOT WRITE BELOW

Date Application Received \_\_\_\_\_ Received By \_\_\_\_\_

REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord	
<input type="checkbox"/> Previous Landlord	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Previous Employ.	
<input type="checkbox"/> Co-Applicant Employ.	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Credit (1)	
<input type="checkbox"/> Credit (2)	
<input type="checkbox"/> Credit (3)	
<input type="checkbox"/> Other	

RECORD OF PAYMENTS RECEIVED		
Date	Description	Amount

THIS APPLICATION:  Approved  Not Approved  
 Date \_\_\_\_\_  
 By \_\_\_\_\_  
 Assigned to Apt. No. \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Apartment Address \_\_\_\_\_  
 Applicant Notified By \_\_\_\_\_  
 Anticipated Move-In Date \_\_\_\_\_