

47 Mercer Street, LLC
192 Washington Street • Jersey City, NJ 07302
Tel (201) 432-5858 • E-mail Mercerarms@aol.com
Rental Application and Consent for Credit Check

A \$50 non-refundable application fee is required for investigation.

First month's rent must accompany application; rent is fully refundable if tenant does not qualify by landlord's standards; however, it is non-refundable if tenant opts not to take the apartment. **THIS IS NOT A SECURITY DEPOSIT.**

Instructions: A separate application must be filled out by each applicant (even if married). Completely fill out each blank and sign where indicated. Make check payable to **47 Mercer Street, LLC**

PERSONAL

APPLICANT _____

MARITAL STATUS: Single Married since (date) _____ Divorced since (date) _____ Former Spouse _____

CELL PHONE _____ WORK PHONE _____ HOME PHONE: _____

BIRTH DATE: _____ SS# _____ E-Mail _____

ADDRESSES

Present Address _____ City/State/Zip _____ Since _____ Rent/ Month _____

Home Phone (____) _____ Work Phone (____) _____ E-Mail _____

Present Landlord Address _____ City/State/Zip _____ Phone (____) _____

Is present rent up to date? Yes No Have you given notice? Yes No Have you been asked to leave? Yes No

Previous Address _____ City/State/Zip _____ Since _____ Rent/ Month _____ Present Phone (____) _____

Previous Landlord Address _____ City/State/Zip _____ Phone (____) _____

Was rent up to date? Yes No Had you given notice? Yes No Had you been asked to leave? Yes No

OCCUPANTS

Number to occupy _____

NAME	RELATIONSHIP	BIRTH DATE

PETS: Yes No If yes, give details (number, type & size)

CARS

Make/Model/color #1 _____ State _____ License Plate #1 _____ Lien Holder #1 _____
 Make/ _____ State _____ Lien _____

EMPLOYMENT

CURRENT EMPLOYER _____ Since _____ PREVIOUS EMPLOYER _____ Since _____

Street/City _____ Street/City _____

What do you do? _____ What did you do? _____

Supervisor _____ Wrk Hrs. _____ Phone (____) _____ Supervisor _____ Wrk Hrs. _____ Phone (____) _____

INCOME

Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Current Income \$ _____ Weekly/Biweekly/Monthly/Yearly Source _____
Bank/Credit Union _____ Acct.# _____ Bank/Credit Union _____ Acct.# _____

REFERENCE

Relative _____ Relation _____ Non-Relative
Address _____ Phone (____) _____ Reference _____ Phone (____) _____
Address _____ Phone (____) _____
Non-Relative _____ Emergency
Reference _____ Phone (____) _____ Contact _____ Phone (____) _____

CREDIT ACCOUNTS

Have you ever failed to pay any creditor in a timely manner? Yes No

Explain _____

Explain any "YES" answers on back with names and details.

Has any signer ever been sued for bills? Yes No Has any signer ever been sued for eviction? Yes No
Has any signer ever been bankrupt? Yes No Has any signer ever been guilty of a felony? Yes No
Has any signer ever broken a lease? Yes No Is the total move-in amount available now (rent and deposit)? Yes No
Name in which utilities are now billed and account number _____ # _____

It is understood that the tenant cannot take possession of the premises until the application has been fully investigated and accepted by the Landlord's Agent. The Lease will be drawn by the Landlord's Agent, and signed by all parties, and all monies collected prior to occupancy.

Applicant authorizes the owner to contact past and present landlords, employers, creditors, credit bureau, neighbors and any other sources deemed necessary to investigate applicant.

All the information is true, accurate and complete to the best of applicant's knowledge. Owner reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME

X _____
APPLICANT DATE

DO NOT WRITE BELOW THIS LINE THIS SECTION TO BE COMPLETED BY INTERVIEWER		
Credit Report: (Favorable/Unfavorable) By: _____		
Other Comments: _____		
Deposit: _____	Option _____	Monthly Rent _____
Unit Applied For: _____		
Terms of Lease _____ Months _____		
Move-in Date _____	Lease Expires _____	Num. Keys _____
Total Number of Occupants _____		
Separate Pet Deposit _____		
Utilities to be paid by tenants Gas <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/>		