

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

www.HousingWorks.net



DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX _____
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|--|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit designed for Environmental Allergies | |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

THANK YOU FOR CHOOSING
COLONNADE APARTMENTS!

A non-refundable application fee of **\$50** per applicant and a reservation fee of **\$300** along with your (4) most recent paystubs is needed to begin the journey to your perfect home!

The application fee covers the cost of application processing.

The reservation fee ensures that while your application is being processed, the perfect apartment home for you at **Colonnade Apartments** will be held off the market and will not be available for rental to any other person.

Upon application approval, the reservation fee will be applied to the monies due at the time of move-in.

Non-approval- If you or any co-applicant is disapproved or deemed unqualified for any reason, we will refund the \$300 reservation fee, but not the \$50 application fee(s), not to exceed 30 days of such disapproval. *Refund checks may be made payable to all co-applicants and mailed to one applicant.*

Cancellations- If for any reason you, the Applicant(s) decide to cancel this Application for Residency while assigned to a specific address you may do so within seventy two (72) hours of the date of this application. Please understand the reservation fee will be **forfeited** for all cancellations.

Cancellations must be submitted to Management in writing.

*If there is no contact/move in the day applicant are scheduled- Applicant will be cancelled the following day at Close of Business

Applicant Signature

Applicant Signature

Date

rentcolonnade.com

• (T) 973.482.0598 > (F) 973.482.2230
25 Clifton Avenue Newark, NJ 07104



Rental Application for Residents and Occupants
Each co-resident and each occupant 18 years old and over must submit a separate application. Spouses may submit a joint application.



Date when filled out: **February 9, 2016**

<p>ABOUT YOU Full name (exactly as on driver's license or govt. ID card) _____</p> <p>Your street address (as shown on your driver's license or government ID card): _____</p> <p>Driver's license # and state: _____ OR govt. photo ID card #: _____</p> <p>Former last names (maiden and married): _____</p> <p>Your Social Security #: _____</p> <p>Birthdate: _____ Sex: _____</p> <p>Height: _____ Weight: _____</p> <p>Eye color: _____</p> <p>Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> separated</p> <p>Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you or any occupant smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you or any occupant have an animal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Kind, weight, breed, age: _____</p> <p>Current home address (where you now live): _____</p> <p>City/State/Zip: _____</p> <p>Phone: (____) _____</p> <p>Current monthly rent: \$ _____</p> <p>Name of apartment where you now live: _____</p> <p>Current owner or manager's name: _____</p> <p>Their phone: _____</p> <p>Date moved in: _____</p> <p>Why are you leaving your current residence? _____</p> <p>Your previous home address: _____</p> <p>City/State/Zip: _____</p> <p>Apartment name: _____</p> <p>Name of above owner or manager: _____</p> <p>Their phone: _____</p> <p>Previous monthly rent: \$ _____</p> <p>Date you moved in: _____</p> <p>Date you moved out: _____</p> <p>YOUR WORK Present employer: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work phone: (____) _____</p> <p>Position: _____</p>	<p>Your gross annual income is over: \$ _____</p> <p>Date you began this job: _____</p> <p>Supervisor's name and phone: _____</p> <p>Previous employer: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Work phone: (____) _____</p> <p>Position: _____</p> <p>Gross annual income was over: \$ _____</p> <p>Dates you began and ended this job: _____</p> <p>Previous supervisor's name and phone: _____</p> <p>YOUR CREDIT HISTORY Your bank's name, city, state: _____</p> <p>List major credit cards: _____</p> <p>Other non-work income you want considered. Please explain: _____</p> <p>Past credit problems you want to explain. (Use separate page.) _____</p> <p>YOUR RENTAL/CRIMINAL HISTORY Check only if applicable.</p> <p>Have you, your spouse, or any occupant listed in this Application ever: <input type="checkbox"/> been evicted or asked to move out? <input type="checkbox"/> broken a rental agreement? <input type="checkbox"/> declared bankruptcy? <input type="checkbox"/> been sued for rent? <input type="checkbox"/> been sued for property damage? <input type="checkbox"/> been sued for eviction? <input type="checkbox"/> been charged, detained, or arrested for an indictable offense, or disorderly person charge involving a controlled substance, violence to another person or destruction of property, or a sex or drug crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion? <input type="checkbox"/> been charged, detained, or arrested for an indictable offense, or disorderly person charge involving a controlled substance, violence to another person or destruction of property, or a sex-related or drug crime that has not been resolved by any method? Please indicate the year, location and type of each indictable offense or disorderly person charge involving a controlled substance, violence to another person or destruction of property, or sex or drug crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above.</p> <p>_____ _____</p> <p>YOUR SPOUSE Full name: _____</p> <p>Former last names (maiden and married): _____</p> <p>Spouse's Social Security #: _____</p> <p>Driver's license # and state: _____ OR govt. photo ID card #: _____</p> <p>Birthdate: _____ Sex: _____</p> <p>Height: _____ Weight: _____</p> <p>Eye color: _____</p> <p>Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Present employer: _____</p>
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YOUR SPOUSE <small>(continued)</small> Address: _____ City/State/Zip: _____ Work phone: (_____) _____ Position: _____ Date began job: _____ Gross annual income is over: \$ _____ Supervisor's name and phone: _____	Name of locator or rental agency: _____ Name of individual locator or agent: _____ Name of friend or other person: _____ Did you find us on your own? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, fill in information below:</i> <input type="checkbox"/> On the Internet <input type="checkbox"/> Stopped by <input type="checkbox"/> Newspaper (name): _____ <input type="checkbox"/> Rental publication: _____ <input type="checkbox"/> Other: _____
OTHER OCCUPANTS <small>Names of all persons under 18 and other adults who will occupy the unit without signing the lease. Continue on separate page if more than three.</small> Name: _____ Relationship: _____ Sex: _____ Birthdate: _____ DL or govt. ID card # and state: _____ Social Security #: _____ Name: _____ Relationship: _____ Sex: _____ Birthdate: _____ DL or govt. ID card # and state: _____ Social Security #: _____ Name: _____ Relationship: _____ Sex: _____ Birthdate: _____ DL or govt. ID card # and state: _____ Social Security #: _____	EMERGENCY <small>Emergency contact person over 18, who will not be living with you:</small> Name: _____ Address: _____ City/State/Zip: _____ Work phone: (_____) _____ Home phone: (_____) _____ Relationship: _____
YOUR VEHICLES <small>List all vehicles to be parked by you, your spouse, or any occupants (including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than two.</small> Make and color of vehicle: _____ Year: _____ License #: _____ State: _____ Make and color of vehicle: _____ Year: _____ License #: _____ State: _____	AUTHORIZATION <small>I or we authorize (name of owner or complex) <u>PF Colonnade Apartment Homes LLC</u></small> _____ _____ to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application. Applicant's signature: _____ Spouse's signature: _____ You must also sign the Application Agreement on the last page of this Application.
WHY YOU APPLIED HERE Were you referred? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, by whom:</i> _____ _____	

Contemplated Lease Contract Information

To be filled in only if the Lease Contract is not signed by resident(s) at time of application for rental.

The National Apartment Association Lease Contract to be used must be the latest version published by the association unless an earlier version is initialed by resident(s) and attached to this Application. The blanks in the Lease Contract will contain the following information:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Names of all residents who will sign Lease Contract _____
_____; • Name of Owner/Lessor <u>PF Colonnade Apartment Homes LLC</u>
_____; • Property name and type of dwelling (bedrooms and baths) _____; • Complete street address <u>25 Clifton Avenue</u>
City/State/Zip <u>Newark, NJ 07104</u> _____; • Names of all other occupants not signing Lease Contract (persons under age 18, relatives, friends, etc.) _____
_____; • Total number of resident and occupants _____; • Beginning date and ending date of Lease Contract _____; | <ul style="list-style-type: none"> • Total security deposit \$ _____;
Animal deposit \$ _____; • Other fees \$ _____; • Number of days notice for termination <u>60</u> _____; • Total monthly rent for dwelling unit \$ _____; • Rent to be paid at (check one) <input checked="" type="checkbox"/> on-site manager's office or <input checked="" type="checkbox"/> at <u>25 Clifton Avenue Management Office</u> _____; • Prorated rent for: <input type="checkbox"/> first month or <input type="checkbox"/> second month \$ _____; • Monthly rental due date _____; • Late charges due if rent is not paid on or before the <u>5</u> _____; • Late charge \$ <u>50.00</u> _____; • Returned check charge \$ <u>40.00</u> _____; • <input type="checkbox"/> Check if the dwelling is to be furnished; |
|--|---|

- Utilities paid by owner (check all that apply): ☐ electricity, ☒ gas, ☒ water, ☒ wastewater, ☒ trash, ☐ cable TV, ☐ master antenna;
 - You are (check one) ☒ required to purchase personal liability insurance or ☐ not required to purchase personal liability insurance;
- Special provisions regarding parking, storage, etc. (see attached page, if necessary):

Application Agreement

- 1. Lease Contract Information.** The Lease Contract contemplated by the parties is attached--or, if no Lease Contract is attached, the Lease Contract will be the current NAA Lease Contract noted above. Special information and conditions must be explicitly noted on an attached Lease Contract or in the Contemplated Lease Information above.

2. Application Fee (nonrefundable). You have delivered to our representative an application fee in the amount indicated below, and this payment partially defrays the cost of administrative paperwork. *It's nonrefundable.*

3. Application Deposit. In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated in paragraph 14. It will be credited toward the required security deposit when the Lease Contract has been signed by all parties, or it will be refunded under paragraph 10 if you are not approved.

4. Approval When Lease Contract Is Signed in Advance. If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.

5. Approval When Lease Contract Isn't Yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.

6. If You Fail to Sign Lease After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone, or within 5 days after we mail you our approval.

7. If You Withdraw Before Approval. You and any co-applicants may not withdraw your Application or the application deposit.

8. Completed Application. An Application will be considered "completed" and will be processed when all of the following have been provided to us (unless checked): ☒ a separate Application has been fully filled out and signed by you and each co-applicant; ☒ an application
- fee has been paid to us; ☒ an application deposit has been paid to us.

9. Nonapproval in Seven Days. We will notify you whether you've been approved within seven days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within seven days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval.

10. Refund after Nonapproval. If you or any co-applicant is disapproved or deemed disapproved under paragraph 9, we'll refund all application deposits, but not application fees, within 3 days (not to exceed 30 days; 30 days if left blank) of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.

11. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 6, 9, or 10 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.

12. Notice to or from Co-applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.

13. Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed the contemplated Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.

14. Receipt. Application fee (nonrefundable): \$ 50.00
Application deposit: \$ 300.00
Other move-in fees (may or may not be refundable): \$ _____
Total of above application fee and application deposit: \$ _____
Total amount of money we've received to this date: \$ _____

15. Signature. Our representative's signature is consent only to the above application agreement. It does not bind us to accept applicant or to sign the proposed Lease Contract.

Acknowledgment. You declare that all your statements on the first page of this Application are true and complete. You authorize us to verify same through any means. If you fail to answer any question or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.

If you are seriously ill or injured, what doctor may we notify? (We are not responsible for providing medical information to doctors or emergency personnel.)

Doctor's name: _____ Doctor's phone: (_____) _____

Important medical information in emergency: _____

THIS IS A LEGALLY BINDING LEASE THAT WILL BECOME FINAL WITHIN THREE BUSINESS DAYS. DURING THIS PERIOD YOU MAY CHOOSE TO CONSULT AN ATTORNEY WHO CAN REVIEW AND CANCEL THE LEASE. SEE SECTION ON ATTORNEY REVIEW FOR DETAILS.

ATTORNEY REVIEW:

1. Study by Attorney

The Resident or the Owner may choose to have an attorney study this lease. If an attorney is consulted, the attorney must complete his or her review of the lease within a three-day period. This lease will be legally binding at the end of this three-day period unless an attorney for the Resident or the Owner reviews and disapproves of the lease.

2. Counting the Time

You count the three days from the date of delivery of the signed lease to the Resident and the Owner. You do not count Saturdays, Sundays or legal holidays. The Resident and the Owner may agree in writing to extend the three-day period for attorney review.

3. Notice of Disapproval

If an attorney for the Resident or the Owner reviews and disapproves of this lease, the attorney must notify the Broker(s) and the other party named in the lease within the three-day period. Otherwise this lease will be legally binding as written. The attorney must send the notice of disapproval to the Broker(s) by certified mail, by telegram, or by delivering it personally. The telegram or certified letter will be effective upon sending. The personal delivery will be effective upon delivery to the Broker's office. The attorney may need not also inform the Broker(s) of any suggested revisions in the lease that would make it satisfactory.

Applicant's Signature: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Owner's Representative: _____ Date: _____

FOR OFFICE USE ONLY

1. Apt. name or dwelling address (street, city): PF Colonnade Apartment Homes LLC
Unit # or type: _____
2. Person accepting application: _____ Phone: (____) _____
3. Person processing application: _____ Phone: (____) _____
4. Date that applicant or co-applicant was notified by ☐ telephone, ☐ letter, or ☐ in person of ☐ acceptance or ☐ nonacceptance: _____ (Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)
5. Name of person(s) who were notified (at least one applicant must be notified if multiple applicants): _____
6. Name of owner's representative who notified above person(s): _____