Date Apt. # Floor Rooms Garage # (If applicable) Address: 234 Eagle Rock Avenue, West Orange, NJ 07052 Name of Applicant #1 Phone U.S. Citizen yes_____no____If no, are you a permanent resident alien_____ Cell ____ Driver's License # ______Social Security # ______D/O/B_____ Present Address & Length of Residence Landlord's Name, Address & Phone # Bank Name, Address & Checking Account # Employer's Name & Address Telephone # Hire Date Annual Salary/Income References Next of Kin. Address & Phone # Phone Name of Applicant #2 U.S. Citizen ves ______If no, are you a permanent resident alien______ _____ Cell _____ Driver's License # ______Social Security # ______D/O/B Present Address & Length of Residence Landlord's Name, Address & Phone # Bank Name, Address & Checking Account # Employer's Name & Address _______ Telephone #_____Hire Date_____Annual Salary/Income____ References _____ Next of Kin, Address & Phone # Family Consisting of Adults _____ Children/Ages_____ Pets/Type _____ Rental Begins_____Rental Ends _____ Balance Due w/Signed Lease \$ Amount of Rent \$ Non-refundable \$40 Credit Check/Employ. Fee per applicant - If approved, additional \$100 Application Fee. To verify the above statements, we hereby direct the persons named above to give any requested information concerning us, hereby waiving all right of action for consequences as a result of such confirmation. This application is subject to approval & acceptance by landlord or authorized agent. Until notification, no contract or tenancy shall exist. No possession on the premises will be granted until one full month's rent and full security have been paid. No representations, promises or agreements as to occupancy, lease or date of possession have been made and this application shall not be construed as a lease or agreement until acceptance of tenant by landlord. If this application is approved, the deposit will be applied to the first month's rent. If this application is approved by the landlord and applicant does not enter into possession of the apartment, the deposit shall not be returned. In the event this application is not approved, the deposit will be refunded to applicant and both parties shall have no further liability to each other thereafter Rosemary/John Diminich, Res. Mgr. Signature of Applicant Make checks payable to R.D. Serr Co. 1st check- credit /employ.verif. fee: \$ 2nd check- deposit/1st month's rent: \$ Signature of Applicant

3rd check-application fee if approved: \$

LLEWELYN TERRACE RENTAL APPLICATION