

If "Yes", #: \_\_\_

## RMG Management

## 30 Second Street, Suite #107, Hackensack, NJ 07601

					T:(201)	250-	8703	•				
				Re	ntal Ap	plic	ation					
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 Num	ber Home Telephone			
/ /			(	( ) -			1			( ) -		-
E-Mail Address Mo		Mobile T	Mobile Telephone			E-Mail Address		Mobile Telephone				
(			(	)	-				( ) -			
Current Street Address City State Zip				e Zip Code	Co-Applicant Current Address (if different) City State Zip Code			Zip Code				
Previous Street Address City				State	Zip Code	Co-Applicant Previous Address (if different)			City State Zip Co			Zip Code
		Eviction?	Ever Filed for Eviction?		or Rent?	Length of Residence at Current Address		rent Address	Ever Filed for Eviction?		Own o	r Rent?
months		☐ Yes	☐ Yes ☐ No		Own Rent	months		☐ Yes	Yes ☐ No ☐ Own ☐ Re		vn □ Rent	
Landlard or Agent Name		Landlard .	Talanhono			ng Information						
Landlord or Agent Name		Landlord Telephone		Number		Co-Applicant Landlord or Agent Name		Landlord Telephone Numb				
Peason for Leaving		L ength of	Pental	Mont	Monthly Rent		Reason for Leaving		Length of Rental		Monthly Rent	
Reason for Leaving Ler		Length of Rental months		Monthly Rent		Neason Ioi Leaving		months		Monthly Rent		
				Emple	oyment / Inc	ome In	formation					
Present Employer Name		Position				Co-Appli	licant Employer Nan	ne	Position			
Supervisor Name		Telephon	ne Number			Supervisor Name			Telephone Number			
		( ) -							( ) -			
Employer Address City				State	Zip Code	Employe	er Address	l	City	-	State	Zip Code
Employed □ Che	eck Here if Not Employed	Salary / W	Vages	per	☐ month	Employe	ed o	Check Here if Not Employed	Salary /	Wages	per	☐ month
From To	)			r	□ year	From	ı T	Го			r- ·	□ year
Other Income		Amount		per	month	Other Inc			Amount		per	month
SSI Disability Retirement Other					☐ year		☐ Disability ☐ Ret	tirement			<u>,                                     </u>	☐ year
Bank Name		Telephone	- Number		Banking In	format Name	ion		Talanha	ne Number		
Bafik ivame		(	)	-		Name			(	)	-	
Ever Filed for Bank	kruptcy?	s 🗆 No					Ever Filed for Ba	ankruptcy?	Yes [	□No		
				Eme	rgency Cont	act Inf	ormation					
Name		Telephone	e Number			Name			Telepho	ne Number		
\		\	,						( ) -			
Address Relation		Relationsh	Relationship			Address		Relationship				
					Other Info	ormatic	on					
Car Year / Make / Model License Plate State / Number				Car Year / Make / Model			License Plate State / Number					
1 1					/ /							
Other Residents (Names / Ages)				Other Residents (Names / Ages)								
Have you ever been	If "Yes", Date of Most	Nature of	Conviction			Have vo	ou ever been	If "Yes", Date of Most	Nature	of Convictio	n	
	Recent Conviction?					convicte	ed of a crime?	Recent Conviction?				

Applicant Signature(s)

If "Yes", #: \_

RMG Management is hereby authorized to obtain any and all information they deem necessary for the processing of my rental application, including but not limited to credit reports, civil and criminal background checks, prior rental history, current and past employment history, motor vehicle records, etc. I understand that the rental application fee of \$50 per person is non-refundable even if my rental application is denied and that the information on this form may be maintained in a tenant data base for up to 7 years after I vacate the property. I hereby authorize RMG Management to release any of the information that it obtains to the prospective landlord and any dual or cooperating real estate agent. I represent and certify that the information that I have furnished to RMG Management and the prospective landlord is true. I consent to the NO PETS policy.

Applicant: <b>X</b>	Date:	Co-Applicant: <b>X</b>	Date:
	Ite	ems in BOLD are REQUIRED	
		OFFICE USE ONLY	

OFFICE USE O		
Address/Unit Applied for:	SecurityDeposit:	Monthly Rent Amount for unit applicant is applying for: \$



## **AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

To Whom It May Concern,	
1	, Social Security #
Applicant Name, Print	
Do herby give permission for RMG to contact regarding, tenancy information, employment	my (current/previous) (landlord/management) for information , salary, social security number.
I hereby give RMG management to obtain thi information I have provided in my application	s information for the sole purpose of verifying tenancy, and that the is truthful and accurate as stated.
In the application for the apartment located a	at:
Apartment you a	re applying for at RMG MANAGEMENT
I further expressly request that my landlord d	lisclose any information in regards to my tenancy to RMG MANAGEMENT
Applicants Information	
Current Address:	
Apartment #:	<del></del>
Landlord/Management:	
Landlord Phone #:	
Print	Print
Signature	Signature
Date:/	Date:/