\$50 Application Fee Per Person Money Order ONLY Made Payable to: RMG Management



RMG Management

30 Second Street, Suite #107, Hackensack, NJ 07601 T:(201)250-8703

Rental Application

Last Name	First Name M.I.			Co-Applicant Last Name First Name M.I.					
Data of Birth	L Control Constitution Named and	Luma	T-1b	Data of Disth		N	Hansa Talan		
Date of Birth	Social Security Number		Telephone	Date of Birth	ate of Birth Social Security Nu		Number Home Telephon		
/ / E-Mail Address			Telephone	/ / E-Mail Address	I /		Mobile Telephone		
L-Iviali Address		Mobile	releptione	L-Iviali Address			/ Nobile Tele	priorie	
Current Street Address		ity (State Zip Code	Co-Applicant Current Add	roop (if different)	City	()	State Z	Zip Code
Current Street Address	C	ity	State Zip Code	Co-Applicant Current Addi	ess (ii dilierent)	City		State Z	zip Code
Previous Street Address	C	iity	State Zip Code	Co-Applicant Previous Ad	dress (if different)	City		State Z	Zip Code
Length of Residence at Curr	rent Address E	ver Filed for	Own or Rent?	Length of Residence at Co	irrent Address	Ever Filed	for	Own or Ren	nt?
Eviction?		viction?		months		Eviction?			
	<u> </u>	Yes No	Own Rent			☐ Yes	□ NO	Own [Rent
Landlord or Agent Name	L	andlord Telephone		Co-Applicant Landlord or A	Agent Name	Landlord ²	Telephone N	umber	
_	1	١	_			1	1	_	
Reason for Leaving	L	ength of Rental	Monthly Rent	Reason for Leaving		Length of	Rental	Monthly Ren	nt
		months						,	
			Employment / Inc	omo Information		inc	onths		
Present Employer Name	l P	osition	Employment / Inc	Co-Applicant Employer Na	ime	Position			
Supervisor Name	T-	elephone Numbe	r	Supervisor Name		Telephone	e Number		
	()	-			()	-	
Employer Address	C	City	State Zip Code	Employer Address		City		State Z	Zip Code
Employed Che	ck Here if Not Employed S	alary / Wages	per □ month	Employed	Check Here if Not Employed	Salary / W	/ages	per □ m	onth
From To)		☐ year	From	То			□ ye	ear
Other Income Amo		mount	per □ month	Other Income		Amount		per □ m	onth
SSI Disability Retire	ement Other		☐ year	SSI Disability R	etirement			□ ye	ear
			Banking In	formation					
Bank Name		elephone Number		nformation Name		Telephone	e Number		
Bank Name	T	elephone Number				Telephone	e Number	_	
Bank Name Ever Filed for Bank	(elephone Number			ankruptcy?	(e Number	-	
	()		Name Ever Filed for E	iankruptcy?	()	-	
	ruptcy?)	- Emergency Con	Name Ever Filed for E	iankruptcy?	()] No	-	
Ever Filed for Bank	ruptcy?) No	- Emergency Con	Name Ever Filed for E tact Information	ankruptcy?	Yes 🗆)] No	-	
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Ever Filed for Bank	ruptcy? Yes	No lelephone Number	- Emergency Con	Ever Filed for E tact Information Name Address	iankruptcy?	Yes Telephone) No e Number	-	
Ever Filed for Bank Name Address	ruptcy? Yes	No No Relationship	- Emergency Con	Ever Filed for E tact Information Name Address Ormation	iankruptcy?	Yes Telephone	No Number hip	-	
Ever Filed for Bank	ruptcy? Yes	No lelephone Number	- Emergency Con	Ever Filed for E tact Information Name Address	ankruptcy?	Yes Telephone	No Number hip	- - te State / Nur	mber
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AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

To Whom It May Concern,	
I	, Social Security #
Applicant Name, Print	
	o contact my (current/previous) (landlord/management) for information ployment, salary, social security number.
	obtain this information for the sole purpose of verifying tenancy, and that the application is truthful and accurate as stated.
In the application for the apartment	t located at:
Apartmo	ent you are applying for at RMG MANAGEMENT
I further expressly request that my	landlord disclose any information in regards to my tenancy to RMG MANAGEMENT
Applicants Information	
Current Address:	
Apartment #:	
Landlord/Management:	
Landlord Phone #:	
Print	Print
Signature	Signature
Date:/	Date:/