

THE KAMSON CORPORATION

COMMUNITIES FOR BETTER LIVING

Placid Gardens

49 South 9th Avenue, Highland Park, New Jersey, 08904
Phone Number: (732) 985-0859
Fax: (732) 985-0329

Application For Lease

Must be completed in its entirety to be processed.

All verification services to be provided to PLACID GARDENS under terms of this agreement entered into with a licensed contracted consumer credit agency and the accuracy thereof shall be conditioned by the requirement that applicant and customer provide the following information as to the individual applicants below. Where inapplicable information is requested, mark N/A. Applicant and customer shall sign and date this document in appropriate space below prior to its submission to a licensed contracted consumer credit agency. Multiple applicants, including spouse, must complete and sign.

The undersigned hereby agrees to execute a lease, in the event of the approval if the rental application for apartment _____ for the term of _____ commencing on (approximately) _____ at a monthly rate of \$ _____ payable monthly in advance on the first day of each month.

Once the rental application has been approved and the applicant accepts an apartment, the applicant must submit a reservation fee in the amount of \$300.00 to reserve an apartment. All monies are to be paid in the form of a money order or certified check only. **Applicant agrees that if applicant fails to take possession of the premises, Landlord may retain as liquidated damages, the reservation fee and any other monies paid by applicant. Upon signing the lease, the first month's rent and/or pro-rated rent, security deposit and any other fees, must be paid in full before any apartment keys will be given out.**

The undersigned has read the foregoing and certifies that the facts set forth in the accompanying rental application are true and correct and that the rental application submitted for the purpose of inducing approval of the application in the undersigned's behalf. In the event that this application is not approved, the undersigned shall be entitled to have the return of the reservation fee made and no more, and all rights of the undersigned shall thereupon terminate and end absolutely. **The \$50.00 fee per applicant for investigation of the undersigned's application is under no circumstances refundable.**

APPLICANT NAME _____ **Date of birth** _____ **SS#** _____
First Middle Last

CO-APPLICANT NAME _____ **Date of birth** _____ **SS#** _____
First Middle Last

App. Drivers Lic. No. _____ State _____ Co-App. Drivers Lic No. _____ State _____

Other Occupants: _____
Name SS# Age Relationship

_____ Name SS# Age Relationship

APPLICANT Home Phone# _____ Cell Phone# _____

Present Address _____
Street Apt.# City State Zip

From: _____

Dates: To: _____
Present Landlord/Resident Mgr. Apt. Name/If Home-Mortgage Co. \$ Loan#

Monthly Payment _____ Reason for moving _____

Have you ever been evicted from any leased premises? _____ If yes, explain _____

_____ ! _____

"

_____ # \$ _____ % & _____

"

_____ # \$ _____ % & _____

\$ ' ! (_____ \$ _____

) * _____

+ * , * _____

- .! / 0

_____ ! _____

1 \$! _____ ! 2 3 _____

_____ ! _____

"

_____ # \$ _____ % & _____

_____ # \$ _____ % & _____

"

\$ ' ! (_____ \$ _____