



COCCIA REALTY, INC. RENTAL APPLICATION ATTN: _____

<u>KEARNY</u> 636 Kearny Ave. Kearny, NJ 07032 T: 201-997-7000 F: 201-997-1663	<u>LYNDHURST</u> 273 Ridge Road Lyndhurst, NJ 07071 201-939-8900 201-939-8910	<u>RUTHERFORD</u> 11 Park Avenue Rutherford, NJ 07070 201-939-0001 201-939-0043	<u>MADISON</u> 49 Main Street Madison, NJ 07940 973-377-4400 973-377-8600	<u>MONTVILLE</u> 670 Main Road Montville Twp, NJ 07082 973-335-5700 973-334-7388
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"Renting and Selling Homes Since 1961..."

Info@mycoccia.com www.cocciarealty.com

All Information must be completed in full or application will not be processed. This application is not to be construed as a reservation of an apartment. All binding reservations and commitments of an apartment are made solely at the discretion of the landlord. Tenant will pay a placement fee equal to (Either) Zero (When the Landlord Pays a fee equal to one months rent) or 1/2 months' rent placement fee (When the Landlord pays a 1/2 month fee) shall be payable to Coccia Realty immediately upon landlords & applications mutual acceptance of tenancy. Tenant is responsible for payment of a full month fee if tenant takes an apartment that is found on the Multiple Listing Service (Listed by a Broker other then Coccia Realty.) or if Landlord does not pay rental fee. *Full disclosure will be made by Coccia Agent as to the type of apartment the tenant will see prior to showing of apartment.* All deposits made on a rental dwelling shall be returned if application is rejected by owner. Deposits, placement fee and security are not refundable after acceptance of application and/or rental agreement is made. If landlord pays rental fee and tenant terminates or cancels lease prior to expiration of term, tenant agrees to immediately reimburse landlord for the rental fee landlord paid to Coccia Realty.

Applicant(s) hereby agree(s) to allow Coccia Realty or its representatives to check and obtain credit information concerning applicant(s) including, but not limited to, former Landlord references, Employment verification, information derived from a credit bureau and relay said information to landlord who shall consider information obtained from credit bureau, references and from information provided by applicant below in their decision of renting premises to applicant(s)

(Please initial) _____

APPLICANTS FULL NAME: _____ DOB ___/___/___ SS# _____

CO-APPLICANTS FULL NAME: _____ DOB ___/___/___ SS# _____

LIST ANY OTHER PERSONS TO OCCUPY UNIT (NAMES, AGES, AND RELATIONSHIPS, if any):

PRESENT ADDRESS: _____ TOWN _____ STATE _____ ZIP _____

Previous address (if less then 2 yrs) _____ TOWN _____ STATE _____ ZIP _____

PHONE NUMBER: (_____) _____ WORK NUMBER: (_____) _____

HOW MANY YEARS AT THIS ADDRESS _____ CURRENT RENT: _____ Reason for Moving _____

LANDLORD NAME: _____ TEL#: _____

EMPLOYMENT INFORMATION

APPLICANTS EMPLOYER _____

CO-APPLICANTS EMPLOYER _____

ADDRESS _____ TOWN _____ ZIP _____

ADDRESS _____ TOWN _____ ZIP _____

POSITION _____ TEL # _____

POSITION _____ TEL # _____

YEARS EMPLOYED _____ ANNUAL SALARY _____

YEARS EMPLOYED _____ ANNUAL SALARY _____

FORMER EMPLOYER (If less then 2 yrs) _____

FORMER EMPLOYER (If less then 2 yrs) _____

ADDRESS _____ TOWN _____ ZIP _____

ADDRESS _____ TOWN _____ ZIP _____

POSITION _____ TEL # _____

POSITION _____ TEL # _____

YEARS EMPLOYED _____ ANNUAL SALARY _____

YEARS EMPLOYED _____ ANNUAL SALARY _____

OTHER MONTHLY INCOME & TYPE _____

OTHER MONTHLY INCOME & TYPE _____

Emergency Contact Info (Not Applicants) _____
Name Address Tel #

MONTHLY OBLIGATIONS: AUTO _____ CREDIT CARD (Monthly Total) _____ Child Support/Alimony _____

OTHER MONTHLY LOANS: _____

APPLICANTS AUTOMOBILE:
MAKE MODEL YEAR PLATE#

CO-APPLICANT AUTOMOBILE:
MAKE MODEL YEAR PLATE#

DRIVERS LICENSE # EXP. DATE:

DRIVERS LICENSE # EXP. DATE:

TOTAL ROOMS NEEDED _____ # OF BEDROOMS NEEDED _____ MAXIMUM RENT W/HEAT _____ MAX RENT Without HEAT\$ _____

TYPE DWELLING WANTED: () 1 FAM () 2 FAM () MULTI FAMILY FLOOR PREFERRED: _____ DATE NEEDED: _____

TOWNS DESIRED: _____ LIST ALL PETS: _____

The undersigned applicant(s) hereby certify that the aforementioned statements are correct and is (are) aware that any misstatement or false information provided shall consult grounds for rejection of application by landlord and/or immediate Eviction of applicants(s), including persons co-habiting with applicants(s)

COCCIA REPRESENTATIVE _____ DATE _____

APPLICANT _____ DATE _____

TENANT TO RECEIVE A COPY OF THIS APPLICATION

CO-APPLICANT _____ DATE _____