

BROOKHAVEN AT FRANKLIN
ONE CHESTER CIRCLE
NEW BRUNSWICK, NJ 08901
(732) 339-8739

Dear Applicant:

Thank you for applying for an apartment home at *Brookhaven At Franklin*. At this time we would like to advise you of our policies regarding new apartment applications.

Available apartments are rented on a first come first serve basis from the date the completed application along with receipt of the applicable non-refundable processing fee. The fee covers a credit and criminal background check. No walked in credit or criminal reports will be accepted. **(Cats Allowed)**

You, the prospective resident must provide the following:

1. Applicant(s) must provide a minimum of five years residence history on the application.
2. Verifiable income (2 current pay stubs or letter from employer) for each household member 18 years of age or older. Income other than employment such as social security, disability or child support will require documentation of such. If self-employed, income statements from accredited accountant or two years tax returns will be required. *Unemployment compensation is not acceptable as a form of income.*
3. Applicant(s) must provide copy of valid photo ID (i.e. drivers' license or state issued ID) along with a social security card that matches information given on application for each household member 18 years of age or older. Birth Certificates and social security cards are required for any minors that will be included in the household.
4. *The non-refundable application fee is \$35.00 for each applicant and \$35.00 for each additional household member 18 years of age or older. The fee must be paid in the form of a money order.*

Desired Apt. Floor plan _____ When are you looking to Move In: _____ Number of occupants to reside in Apartment _____

Following the application process, all qualified applicants will be notified of their status along with a lease signing and move-in schedule. You will be required to pay a \$500.00 holding fee also to be paid in the form of a money order or certified check within two days of your approval. **You have 72 hours to cancel after which the holding fee becomes non-refundable.** This holding fee will be deducted from the required security deposit for the unit which will be equal one and a half times the monthly rent for the desired unit. The balance of the security deposit is due at lease signing along with first month's rent/pro-rated rent.

*If applicable, a per pet nonrefundable damage fee is required in the amount of \$300.00 at Move In and the pet rent per pet is \$25.00 per month. Only one (1) pet per bedroom size allowed and *Cats must be registered & licensed with Franklin Township. All necessary proof of such licensing along with vaccination records and picture of pet must be provided prior to Move In.*

How did you find out about us? _____.

A co-signer will only be conditionally accepted when the applicant does not meet the credit or income criteria (Maximum of 2 co-signers will be allowed per apartment).

Applicants are screened through a third party agency and may be rejected for but not limited to the following reasons:

- Unfavorable credit
- Unfavorable landlord references (i.e. eviction filings in the past 5 years, damages, skipped or disturbances)
- Unfavorable employment references
- Insufficient income to support the apartment unless subsidized. *The minimum income is determined by the selected unit using the rent to income multiplier of 3. (Income Required for a 1 bedroom is \$50,220.00 and 2 bedroom \$57,420.00)*
- Inaccurate or falsified information submitted on the application.
- Any crime/felony convictions within the past (20) twenty years dependent on type and severity.

All rejected applicant(s) will receive written notification outlining the reason(s) for rejection along with the name of the credit bureau which provided the credit information.

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS

Applicant _____ Date: _____

Applicant _____ Date: _____

Franklin-Hamilton LLC/Brookhaven At Franklin

Rental Application

Tel: (732) 339-8739 • Fax: (732) 247-2832

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 Number - -			Home Telephone () -														
E-Mail Address						Mobile Telephone () -			E-Mail Address						Mobile Telephone () -														
Current Street Address						City			State			Zip Code			Co-Applicant Current Address (if different)						City			State			Zip Code		
Length of Residence at Current Address __ months			Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent			Length of Residence at Current Address __ months			Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent														
Previous Street Address						City			State			Zip Code			Co-Applicant Previous Address (if different)						City			State			Zip Code		
Length of Residence at Previous Address __ months			Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent			Length of Residence at Previous Address __ months			Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent														

Present Housing Information

Landlord or Agent Name			Landlord Telephone Number () -			Co-Applicant Landlord or Agent Name			Landlord Telephone Number () -								
Reason for Leaving			Length of Rental __ months			Monthly Rent			Reason for Leaving			Length of Rental __ months			Monthly Rent		

Employment / Income / Bank Information

Present Employer Name				Position				Co-Applicant Employer Name				Position											
Supervisor Name				Telephone Number () -				Supervisor Name				Telephone Number () -											
Employer Address								City				State				Zip Code							
Employed From To				Salary / Wages per month <input type="checkbox"/> year				Employed From To				Salary / Wages per month <input type="checkbox"/> year											
Prior Employer Name				Position				Co-Applicant Prior Employer Name				Position											
Supervisor Name				Telephone Number () -				Supervisor Name				Telephone Number () -											
Employer Address								City				State				Zip Code							
Employed From To				Salary / Wages per month <input type="checkbox"/> year				Employed From To				Salary / Wages per month <input type="checkbox"/> year											
Other Income <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other				Amount per month <input type="checkbox"/> year				Other Income <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other				Amount per month <input type="checkbox"/> year											
Bank Name				Telephone Number () -				Name				Telephone Number () -											
Account Number				Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings				Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No				Account Number				Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings				Ever Filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Franklin Hamilton LLC/Brookhaven At Franklin Rental Application

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Other Occupants

Name	Date of Birth / /	Name	Date of Birth / /
Social Security Number - -	Relationship	Social Security Number - -	Relationship
Name	Date of Birth / /	Name	Date of Birth / /
Social Security Number - -	Relationship	Social Security Number - -	Relationship

Criminal History

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Date of Most Recent Conviction?	Nature of Conviction	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", Date of Most Recent Conviction?	Nature of Conviction
If "Yes", #: _____			If "Yes", #: _____		

Vehicle Information

Car Year / Make / Model / /	License Plate State / Number	Car Year / Make / Model / /	License Plate State / Number
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Emergency Contact Information

Name	Telephone Number () -	Name	Telephone Number () -
Address	Relationship	Address	Relationship

Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and authorize Franklin Hamilton LLC/Brookhaven At Franklin to obtain information it deems desirable in the processing of my/our application by all available means, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. I/we understand that Franklin Hamilton LLC/Brookhaven At Franklin is not required to re-verify or investigate preliminary findings. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I/we declare that the statements made in the application are true and correct and that any information which is false, misleading, or inaccurate shall be cause for rejection of the application and, if a lease has been entered into, shall constitute a material breach of the lease, entitling Franklin Hamilton LLC/Brookhaven At Franklin to terminate my/our tenancy. I also understand that the application fee is non-refundable, even if my application is denied.

Applicant: **X**

Date:

Co-Applicant: **X**

Date:

Items in **BOLD** are **REQUIRED**

OFFICE USE ONLY

NTN Access Number: NJ 5711	Address/Unit Applied for:	Monthly Rent Amount for unit applicant is applying for: \$
Return Fax #: 732-247-2832	Projected Move-In Date:	Apartment / Unit Type:



Brookhaven at Franklin

Administrative Offices:
One Chester Circle
New Brunswick, NJ 08901
732-339-8739
732-247-2832 FAX

Community Location:
29 Hawthorne Drive
Somerset, NJ 08873

Date: _____

I, _____ am applying _____ bedroom apartment. I would like to move in on _____.

It has been explained to me that a maximum of two occupants may live in a one-Bedroom apartment and a maximum of four occupants may live in a two-bedroom apartment. I understand that only cats are allowed in the community and there are additional fees for such as per pet rent and a nonrefundable pet damage fee per pet. Only one (1) pet per bedroom size is allowed and *Cats must be registered & licensed with Franklin Township. All necessary proof of such licensing along with vaccination records and picture of pet must be provided prior to Move In.*

I understand, and will abide by the occupancy standards of *Franklin-Hamilton LLC/Brookhaven At Franklin* as explained above.

The following people will be occupying the apartment:

I understand that I will be held responsible for any legal charges and/or fines resulting from a violation of the above occupancy standards.

I understand that an inspection of my apartment, upon proper notice, may be done at any time for the purpose of verifying that I am not in a violation of the occupancy standards.

APPLICANT

DATE

APPLICANT

DATE