

Dear Prospective Tenant,

Thank you for choosing A1 Real Estate Investments, LLC to help you locate your new home. Properties are shown on a first come, first serve basis. Therefore, we recommend that you turn in a completed application along with the following items as soon as possible to the address below:

1. Copy of driver's license
2. Last 2 check stubs
3. Background check fee of \$40 in the form of a money order or cashier's check

Should you have any questions, please call (609) 702-0557.

Sincerely,

A1 Real Estate investments, LLC
P.O. Box 909
Mt. Holly, NJ 08060
email: info@a1realestinvest.com

A1 Real Estate Investments

Rental Application

PERSONAL INFORMATION

First Name _____ Last Name _____ Social Security # _____ - _____ - _____

D. O. B. ____/____/____ Home Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____ Best # to Call _____

Email Address _____

Driver's License # _____ Expiration _____

Is driver's license valid: yes no Suspended

RENTAL HISTORY

Current Address _____

City _____ State _____ Zip Code _____ Monthly Rent Payment \$ _____

Years/Months at current address _____ Reason for leaving _____

Landlord Name _____ Phone (____) _____ - _____

Landlord Address _____

EMPLOYMENT & INCOME

Current Employer 1 _____

Address _____ City _____ State _____ Zip Code _____

Supervisor's Name _____ Job Title _____ Phone (____) _____ - _____

Average hours per week: _____ Hourly earnings: \$ _____ Net weekly earnings: \$ _____ Net Monthly earnings: \$ _____

Current Employer 2 _____

Address _____ City _____ State _____ Zip Code _____

Supervisor's Name _____ Job Title _____ Phone (____) _____ - _____

Average hours per week: _____ Hourly earnings: \$ _____ Net weekly earnings: \$ _____ Net Monthly earnings: \$ _____

Previous Employer _____

Address _____ City _____ State _____ Zip Code _____

Supervisor's Name _____ Job Title _____ Phone (____) _____ - _____

Average hours per week: _____ Hourly earnings: \$ _____ Net weekly earnings: \$ _____ Net Monthly earnings: \$ _____

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OTHER SOURCES OF INCOME

Disability \$ _____ Welfare/TANF \$ _____ Social Security \$ _____ Other \$ _____

If other, explain _____

HOUSING ASSISTANCE

Program: Section 8 Board of Social Services Catholic Charities Other _____

Assistance: Monthly Rent \$ _____ Bedroom Voucher Size _____ First Month's Rent Security Deposit Other _____

Case worker/Contact name _____ Phone (____)____-____ Fax (____)____-____

Program: Section 8 Board of Social Services Catholic Charities Other _____

Assistance: Monthly Rent \$ _____ Bedroom Voucher Size _____ First Month's Rent Security Deposit Other _____

Case Worker/Contact name _____ Phone (____)____-____ Fax (____)____-____

Program: Section 8 Board of Social Services Catholic Charities Other _____

Assistance: Monthly Rent \$ _____ Bedroom Voucher Size _____ First Month's Rent Security Deposit Other _____

Case Worker/Contact name _____ Phone (____)____-____ Fax (____)____-____

TRANSPORTATION

Do you own a car(s): yes no If yes, the number: _____ Do you use public transportation? yes no

What is your means of Transportation (bus, train, etc.) _____ Monthly cost \$: _____

Make/Model _____ Year _____ Color _____ License Plate # _____

Monthly Auto Payment: \$ _____ Monthly Auto Insurance Payment: \$ _____

Make/Model _____ Year _____ Color _____ License Plate # _____

Monthly Auto Payment: \$ _____ Monthly Auto Insurance Payment: \$ _____

Make/Model _____ Year _____ Color _____ License Plate # _____

Monthly Auto Payment: \$ _____ Monthly Auto Insurance Payment: \$ _____

REFERENCES *(please list at least two references)*

Name _____ Phone _____ Affiliation to you _____ Years Known _____

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Rental Application

ALL OTHER OCCUPANTS

Name _____ Age _____ Relationship _____

Are they: in school Employed Retired Disabled Other _____

Name _____ Age _____ Relationship _____

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Name _____ Age _____ Relationship _____

Are they: in school Employed Retired Disabled Other _____

Name _____ Age _____ Relationship _____

Are they: in school Employed Retired Disabled Other _____

GENERAL QUESTIONS

1. Have you ever been evicted or received notice of eviction? Yes No

If yes explain with date _____

2. Have you ever filed for bankruptcy? Yes No

If yes explain _____

3. Has anyone in the home ever been arrested or convicted of a criminal offense? Yes No

If yes explain _____

4. Is anyone in the home involved in positive recreation or community activities? Yes No

If yes explain _____

5. Does anyone in the home smoke? Yes No

If yes explain _____

6. Does anyone in the home have pets? Yes No

If yes explain what type, how many, where are they are kept _____

7. Are you a registered voter? Yes No

If no, please explain why _____

8. How much do you currently have towards a security deposit? _____

9. Would you like a first time homebuyer's consultation? _____

APPLICANT'S SIGNATURE

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and /or criminal check to be made, verification or information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment/house and does not constitute a rental or lease agreement in whole or part. I further understand that if I am approved and am successful at finding a unit, a non-refundable \$40 fee is charged to cover the cost of processing my credit/background check for final approval, and I am not entitled to a refund under any circumstances. I understand that there is a 30-60 day waiting period for any refunds of deposits made by our company to the applicants and a ½ month processing fee if the deposit dates are violated. For tenants using subsidies prevailing rental rates may apply.

Signature: _____

Date: _____