

HOLLYHOUSE APARTMENTS
100 DRURY LANE
ASBURY PARK NJ 07712
urbanuniversity@verizon.net
(732)897-0099 Fax (732)897-7677

Dear Applicant,

To process your application in a timely manner, I will need the following information submitted with your application:

1. **6 consecutive pay stubs for everyone on application or three (3) if bi-weekly or an award letter if receiving SSI, Social Security or Disability or TANF.**
2. **Copy of your Social Security Card/ Residence Card if applies.**
3. **Photo ID required.**
4. **Birth Certificate for everyone on Application.**

If you qualify for the subsidy, you will be contacted by mail and/ or telephone. Please send your application to the Holly House Apartments, 100 Drury Lane #3A0, Asbury Park NJ 07712 or you can drop your completed application off to the office located on the 3rd floor of the building.

Thank You
Management

HollyHouse Apartments

100 Drury Lane

Asbury Park NJ 07712

Email Urbanuniversity@verizon.net

(732) 897-0099 Fax-(732) 897-7677

RESIDENT RENTAL APPLICATION

DATE OF APPLICATION _____

UNIT SIZE _____

MOVE IN DATE DESIRED _____

PERSONAL INFORMATION

APPLICANT FULL NAME _____

PRESENT ADDRESS _____

PHONE _____

DATE OF BIRTH _____

MARITAL STATUS _____

ARE YOU A CITIZEN Y _____ N _____

RACE _____

A CITIZENSHIP DECLARATION AND VERIFICATION CONSENT
FORMS ARE TO BE COMPLETED AND A RACE AND ETHNIC FORM.

OTHER RESIDENTS

RELATIONSHIP

AGE

1. _____

2. _____

HOW LONG AT PRESENT

ADDRESS _____

PRESENT

LANDLORD _____

ADDRESS OF

LANDLORD _____

REASON FOR

LEAVING _____

WHERE HAVE YOU LIVED IN THE PAST FIVE YEARS?

1. _____

2. _____

SOCIAL SECURITY

_____ \

DRIVERS LICENSE

CURRENT

INCOME _____

CURRENT ASSETS _____

EMPLOYMENT INFORMATION

EMPLOYED FULL TIME _____ PART
TIME _____

RETIRED _____

STUDENT _____

NAME AND ADDRESS OF

EMPLOYER _____

PHONE

POSITION

HELD _____

SUPERVISOR

NAME _____

IF STUDENT NAME OF
SCHOOL _____

ADDRESS _____

PRESENT GRADE LEVEL _____

**

CREDIT REFERENCES

BANK _____

ADDRESS _____

ACCOUNT # _____ CHECKING _____ SAVING _____

CREDIT REFERENCE

CREDIT

REFERENCE _____

PERSONAL REFERENCES:

NAME _____

PHONE # _____

NAME _____

PHONE _____

ADDITIONAL INFORMATION:

NO PETS ALLOWED WITH(EXCEPTION OF REGISTERED ASSISTED ANIMAL)

HAVE YOU BEEN A VICTIM OF DOMESTIC VIOLENCE ? Y___
N___

HAVE ANY HOUSEHOLD MEMBER BEING SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION PROGRAM? YES___ NO___

HOW DID YOU HEAR ABOUT US

IN CASE OF PERSONAL EMERGENCY

NOTIFY _____

RELATIONSHIP _____ PHONE# _____

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PLEASE TELL US ANY OTHER INFORMATION ABOUT YOURSELF
THAT MIGHT HELP US EVALUATE YOUR APPLICATION\

*

AUTHORIZATION.

PLEASE READ CAREFULLY BEFORE SIGNING

APPLICANTS REPRESENT THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND COMPLETE, AND HEREBY AUTHORIZED VERIFICATION OF INFORMATION, REFERENCES AND CREDIT RECORDS. APPLICANT ACKNOWLEDGES THAT FALSE INFORMATION HEREIN MAY CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION AND TERMINATION OF THE RIGHT OF OCCUPANCY.

IN CONSIDERING THIS APPLICATION FROM YOU, MANAGEMENT WILL RELY HEAVILY ON THE INFORMATION WHICH YOU HAVE SUPPLIED. IT IS IMPORTANT THE INFORMATION BE ACCURATE AND COMPLETE.. BY SIGNING THIS APPLICATION, YOU REPRESENT AND WARRANT THE ACCURACY OF THE INFORMATION, AND YOU AUTHORIZED MANAGEMENT TO VERY ANY REFERENCES THAT YOU HAVE LISTED.

SIGNATURE _____ DATE _____