Landlord Protect Tenant Release Form

The information on this page is to be completed by the prospective tenant for the purposes of obtaining a rental lease. *(PLEASE PRINT CLEARLY)*

_____ _____

Applicant Name – First, Middle, Last **Social Security Number**

_____

Current Address - City, State, Zip Code

_____ _____

Previous Address - City, State, Zip Code **Birth Date – MM/DD/YYYY**

_____ _____ _____

Work Phone Number **Extension** **Home Phone Number**

I Hereby grant the above apartment/landlord/realtor, whichever is applicable, and its designee, Landlord Protect, a credit reporting agency, the right to process this credit application for the purpose of obtaining a rental lease and/or the renewal of an existing lease based on the dates and terms of the lease. In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application shall remain the property of the apartment complex, landlord or realtor regardless if rental lease is granted or renewed.

_____ _____

(Applicant Signature) **(Date)**

Below must be completed by authorized personnel for this application to be processed!

_____

(Please add any additional comments you wish us to know concerning this application)

_____ _____ _____

(7 Digit Account Number) **(Company Name)** **(Processor Name)**

P.O. Box 521 Absecon, NJ 08201 * Phone (800) 221-9379 * Fax (800) 345-9379

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PERMISSION TO RELEASE INCOME AND EMPLOYMENT VERIFICATION

Name: _____ Social Security#:_____

Home Address: _____

City: _____ State: _____ Zip: _____
Home Ph: _____ Wk Ph: _____ Cell/Pager: _____

I, _____, hereby grant permission to release income and employment verification to Beaver Brook Gardens, 209 Comly Road, Office A-12, Lincoln Park, New Jersey 07035, Telephone 973-696-7232.

Please forward to me or fax this completed and signed verification to: Beaver Brook Gardens via Fax 973-696-1680.

THIS SECT ION TO BE COMPLETED BY EMPLOYER

Employee Name_____ Job Title:_____

Social Security Number / ITIN Number _____

Presently Employed Yes_____ Date First Employed_____ No___
Last Day of Employment_____

Current Wages/Salary $ _____ (circle one) hourly weekly bi-weekly
Semi-monthly monthly yearly other _____

Average # of regular hours per week_____ Year-to-date earnings $_____ through_____
/_____ /_____

Overtime Rate $_____ per hour Average # of overtime hours per week_____

Shift Differential Rate $_____ per hour Average # of shift differential hours per week_____

Commissions, bonuses, tips, other $_____ (circle one) hourly weekly
Bi-weekly semi-monthly monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months_____ Effective date_____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s)
_____

Additional remarks_____

Company Name _____

Signature _____ Date _____

Print Your Name _____ Tel. # _____

Title _____ Address_____

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Additional remarks_____

Company Name _____

Signature _____ Date _____

Print Your Name _____ Tel. # _____

Title _____ Address_____

BEAVER BROOK GARDENS
RENTAL VERIFICATION FORM

I hereby authorize the release of my rental information to Beaver Brook Gardens.

_____ _____ _____
Applicants Name Signature Date

Do Not Write Below This Line – TO BE COMPLETED BY LANDLORD
Return to fax# - 973-696-1680

Tenant's Name: _____Date:_____

Address: _____
(Number/Street) (Apt. #) (City) (State)

Number of Household Members: _____ List of Household Members: _____

_____

_____

_____

Occupancy date: _____ Security Deposit: Amount: $_____ Date paid: _____

Rent amount: $_____; paid ☐ monthly ☐ weekly ☐ other _____

If subsidized rent, please list tenant portion: $_____

Rent Includes: ☐ All utilities ☐ Utilities Hot Water ☐ Heat Electric ☐

Type of Heat: ☐ Electric ☐ Oil Gas ☐ other ☐ _____

Date last rent was paid: _____ Amount Paid: $_____Back rent owed: $_____

_____
_____
Landlord's Name Telephone Fax Number

_____
_____
Landlord Address

_____
Name of Manager or other Representative

_____
_____
Landlord Signature Date

Beaver Brook Gardens

209 Comly Road, Rental Office #A-12
Lincoln Park, NJ 07403
973-696-7232

_____ **TENANT WILL DEDUCT $100.00 FROM THEIR RENT**

_____ **MAIL REFERRAL CHECK**

INTRODUCING: _____

COMLY ROAD, APT #_____
LINCOLN PARK, NJ 07035

REFERRED BY: _____
_____

_____

_____

APPROVED BY: _____ **DATE:** _____

Jude Flori, Property Manager

.

Start Month:_____
Apt. No:_____

AUTHORIZATION FOR AUTOMATED WITHDRAWALS (DEBITS)

Company Name: _Beavco, LLC_____

Company ID Number: _____

I (We) hereby authorize American Properties Realty, Inc., Managing Agent for Beavco, LLC, hereinafter called COMPANY, to initiate debit entries for the monthly rent due and to initiate, if necessary, credit adjustments for any debit entries in error due to our Checking _____ Savings _____ account (select one) indicated below and the depository names below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. The debit entries for the monthly rent due will be processed on the 1st day of each month, except if the 1st falls on a weekend or holiday, it will be processed on the next business day. Debit entries will only be initiated for the monthly rent amount and such amount may change in accordance with the lease terms and any extensions. Any other amounts due must be paid by money order or check.

Depository Name:_____ Branch:_____

City: _____ State: _____ Zip:_____

Transit/ABA #: _____ Account:_____

Please Attach Voided Check

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Name(s): _____ Tax ID #: _____

Signature:_____ Date:_____