

# CERVELLI MANAGEMENT CORPORATION

## RENTAL APPLICATION

### APPLICANT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

### CO-APPLICANT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

### DEPENDENTS

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

### RESIDENTIAL HISTORY *(Beginning with the most current, please list your places of residence for the last 3 years.)*

**CURRENT ADDRESS:** \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

OWNER/AGENT/SUPERINTENDENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MONTH/YEAR MOVED IN: \_\_\_\_\_ MONTH/YEAR MOVED OUT: \_\_\_\_\_

**APPLICANT PREVIOUS ADDRESS:** \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

OWNER/AGENT/SUPERINTENDENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MONTH/YEAR MOVED IN: \_\_\_\_\_ MONTH/YEAR MOVED OUT: \_\_\_\_\_

**CO-APPLICANT PREVIOUS ADDRESS:** \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

OWNER/AGENT/SUPERINTENDENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MONTH/YEAR MOVED IN: \_\_\_\_\_ MONTH/YEAR MOVED OUT: \_\_\_\_\_

# CERVELLI MANAGEMENT CORPORATION

**APPLICANT  
EMPLOYMENT**

FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ RETIRED \_\_\_\_\_ UNEMPLOYED \_\_\_\_\_ STUDENT \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: WEEK BI-WEEKLY MONTHLY YEARLY (please circle one)

**If there are other sources of income you would like us to include, please list the additional income and source (unemployment, alimony/child support, social security, disability, pension, public assistance/welfare, etc.) You DO NOT need to list alimony or child support if you do not want us to consider it as part of your income.**

\$ \_\_\_\_\_ SOURCE: \_\_\_\_\_

\$ \_\_\_\_\_ SOURCE: \_\_\_\_\_

**PREVIOUS EMPLOYMENT** (If present employment less than 3 years)

OCCUPATION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: WEEK BI-WEEKLY MONTHLY YEARLY (please circle one)

**CO-APPLICANT  
EMPLOYMENT**

FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ RETIRED \_\_\_\_\_ UNEMPLOYED \_\_\_\_\_ STUDENT \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: WEEK BI-WEEKLY MONTHLY YEARLY (please circle one)

**If there are other sources of income you would like us to include, please list the additional income and source (unemployment, alimony/child support, social security, disability, pension, public assistance/welfare, etc.) You DO NOT need to list alimony or child support if you do not want us to consider it as part of your income.**

\$ \_\_\_\_\_ SOURCE: \_\_\_\_\_

\$ \_\_\_\_\_ SOURCE: \_\_\_\_\_

**PREVIOUS EMPLOYMENT** (If present employment less than 3 years)

OCCUPATION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

WAGES: \$ \_\_\_\_\_ PER: WEEK BI-WEEKLY MONTHLY YEARLY (please circle one)

# CERVELLI MANAGEMENT CORPORATION

## REFERENCES (APPLICANT)

### BANK ACCOUNT

NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_

### CREDIT REFERENCES

TYPE OF ACCOUNT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

TYPE OF ACCOUNT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

TYPE OF ACCOUNT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

## REFERENCES (CO-APPLICANT)

### BANK ACCOUNT

NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_

### CREDIT REFERENCES

TYPE OF ACCOUNT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

TYPE OF ACCOUNT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

TYPE OF ACCOUNT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

## HAVE YOU EVER:

\_\_\_\_\_ Been evicted from a residence? When? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_ Filed for bankruptcy? When? \_\_\_\_\_

\_\_\_\_\_ Been served with a summons or complaint?

\_\_\_\_\_ Have been asked to move out/vacate a residence?

\_\_\_\_\_ Been sued for non-payment of rent? (This is separate from an eviction.)

\_\_\_\_\_ Been sued for damages to a residence?

## Please indicate by initialing below that you understand and agree to the following:

\_\_\_\_\_ Do you understand **NO PETS ARE ALLOWED?**

\_\_\_\_\_ Do you understand **NO WASHING MACHINES ARE PERMITTED?**

\_\_\_\_\_ Do you understand the unit is being rented "AS-IS"?

\_\_\_\_\_ Do you understand all painting/decorating is your responsibility during the term of your lease?

\_\_\_\_\_ Do you understand your security deposit will be returned within 30 days of your vacating the unit and upon return of the keys, less any fees incurred for damages or unpaid rent?

\_\_\_\_\_ Do you understand a \$50.00 late fee will be charged if the rent is received after the fifth (5<sup>th</sup>) of each month?

\_\_\_\_\_ Do you understand a \$50.00 fee will be charged if your rent is paid by check and it's returned for NSF (non-sufficient funds)?

\_\_\_\_\_ Do you understand all legal fees/costs will be your responsibility if legal proceedings are necessary to enforce the terms of your lease?

# CERVELLI MANAGEMENT CORPORATION

I hereby am applying to lease a unit at \_\_\_\_\_  
for the term of \_\_\_\_\_ and upon the conditions above set forth, I further agree to pay monthly rent, which  
is due by the 1<sup>st</sup> of every month during the lease period.

I will pay a non-refundable application fee of \$100.00, which is due at the time of the receipt of this application. If my  
application is approved by the owner or agent, I agree to enter into a binding lease agreement, and to pay the security deposit and  
first month's rent indicated in the lease agreement, prior to possession of the unit.

I recognize as part of the owner or agent's application process a consumer report investigation will be conducted, which may  
include a credit and criminal background check. I understand that background information may be obtained through credit  
bureaus, personal interviews with my neighbors, friends and other person who I am acquainted with. This inquiry will be used to  
establish my character, general reputation, and mode of living. To the best of my knowledge, the information and statements I  
have provided in this application are true and correct.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

\_\_\_\_\_  
DATE

## DO NOT WRITE BELOW THIS LINE

APPLICANT APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ BY \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPOSIT: \$ \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPOSIT: \$ \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CERVELLI MANAGEMENT CORPORATION

## Background Check/Release of Information Consent Form

All prospective tenants applying for occupancy of a property owned or managed by: \_\_\_\_\_, are asked to give authorization for the release of all information from previous landlords, management companies, and governmental agencies, (including police departments), or financial institutions, concerning rental, credit, and criminal history. Your signature below will constitute your authorization for Michael Cervelli Real Estate or other appropriate agency to complete a check of your rental, credit and criminal history, and to provide this information to the requesting authority. This information will be disclosed only to the requesting authority and/or their agents for the purposes of determining your suitability for occupancy criminal history information will be obtained from the management company or their agent.

The criminal history information, and possibly other background information, which will be accessed by this search pursuant to your authorization, is considered private data. Your signature below shall be deemed to be an informed consent release for this information. You are not required to sign this form or to agree to the release of this information. However, if you do not agree to sign this form, you will not be eligible to be accepted into the apartment complex to which you are applying.

You also have the right to be informed:

- that a criminal background check is being conducted to determine if you have been convicted of certain criminal offenses;
- of the results of the criminal background check and to obtain a copy of those results from the agency who conducted the search;
- that you may obtain from the Bureau of Criminal Apprehension, any records that form the basis for the report obtained by the agency that conducted the search;
- that under section 13.04, Subdivision 4, you may challenge the accuracy and completeness of information contained in the report or record;
- if your application for acceptance into this rental property has been denied because of the results of any background check.

# CERVELLI MANAGEMENT CORPORATION

## Applicant

\_\_\_\_\_  
FIRST MIDDLE LAST

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY#

\_\_\_\_\_  
LAST ADDRESS, CITY, STATE, ZIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## Co-applicant

\_\_\_\_\_  
FIRST MIDDLE LAST

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY#

\_\_\_\_\_  
LAST ADDRESS, CITY, STATE, ZIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*

## Management Use Only:

Property name and address: \_\_\_\_\_

**WINDOW GUARD NOTIFICATION**

THE OWNER (LANDLORD) IS REQUIRED BY LAW TO PROVIDE, INSTALL AND MAINTAIN WINDOW GUARDS IN THE APARTMENT IF A CHILD OR CHILDREN 10 YEARS OF AGE OR YOUNGER IS, OR WILL BE, LIVING IN THE APARTMENT OR IS, OR WILL BE, REGULARLY PRESENT THERE FOR A SUBSTANTIAL PERIOD OF TIME IF THE TENANT GIVES THE OWNER (LANDLORD) A WRITTEN REQUEST THAT THE WINDOW GUARDS BE INSTALLED. THE OWNER (LANDLORD) IS ALSO REQUIRED, UPON THE WRITTEN REQUEST OF THE TENANT, TO PROVIDE, INSTALL AND MAINTAIN WINDOW GUARDS IN THE HALLWAYS TO WHICH PERSONS IN THE TENANT'S UNIT HAVE ACCESS WITHOUT HAVING TO GO OUT OF THE BUILDING. IF THE BUILDING IS A CONDOMINIUM, COOPERATIVE OR MUTUAL HOUSING BUILDING, THE OWNER (LANDLORD) OF THE APARTMENT IS RESPONSIBLE FOR INSTALLING AND MAINTAINING WINDOW GUARDS IN THE APARTMENT AND THE ASSOCIATION IS RESPONSIBLE FOR INSTALLING AND MAINTAINING WINDOW GUARDS IN HALLWAY WINDOWS. WINDOW GUARDS ARE ONLY REQUIRED TO BE PROVIDED IN FIRST FLOOR WINDOWS WHERE THE WINDOW SILL IS MORE THAN SIX FEET ABOVE GRADE OR THERE ARE OTHER HAZARDOUS CONDITIONS THAT MAKE INSTALLATION OF WINDOW GUARDS NECESSARY TO PROTECT THE SAFETY OF CHILDREN.

Please sign below, indicating that you have read and acknowledge receipt of this window guard notification:

Applicant/Tenant name (please print): \_\_\_\_\_

Applicant/Tenant signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Smoke Detector Addendum

This addendum, dated \_\_\_\_\_ will become part of the original lease, dated \_\_\_\_\_  
\_\_\_\_\_ between \_\_\_\_\_, Lessor and \_\_\_\_\_, Lessee, for the unit located at \_\_\_\_\_.

1. **Smoke detector.** You acknowledge that as of this date, the unit is equipped with one or more smoke detectors and that you, the Lessee, has found them to be in working order.
2. **Repair.** You agree that it is your responsibility to regularly test the smoke detector(s) and agree to notify the owner/management immediately, in writing, of any problem, defect, malfunction or failure of the smoke detector(s), assuming the availability of labor and materials.
3. **Maintenance.** You agree to replace the smoke detector(s) battery, if any when the existing battery becomes unserviceable. If, after replacing the battery, the smoke detector(s) will not operate, you must inform the owner/management, in writing, immediately of any deficiencies.
4. **Replacement.** You agree to reimburse owner/management, upon request, for the cost of replacement of a smoke detector(s) and the installation thereof, in the event the existing smoke detector(s) becomes damaged by you, your relatives, or guests.
5. **Disclaimer.** You acknowledge and agree that the owner/management is not the operator, manufacturer, distributor, or retailer of the smoke detector(s); that you assume full responsibility for all risk and hazards attributable to, connected with, or any way related to the operation, malfunction, or failure of the smoke detector(s); regardless of whether such malfunction or failure is attributable to, connected with, or in any way related to the use, operation, manufacture, distribution, repair, servicing, or installation of said smoke detector(s).

No representation, warranties, undertaking or promises, whether oral or implied, or otherwise, have been made by the owner/management, its agents or employees to you, regarding said smoke detector(s), or the alleged performance of the same, the owner/management neither makes nor adopts any warranty or any nature regarding said smoke detector(s) and expressly disclaims all warranties of fitness for a particular purpose, of habitability, or any and all other expressed or implied warranties. The owner/management shall not be liable for damages or losses to person or property caused by 1) your failure to regularly test the smoke detector(s), 2) your failure to notify the owner/management of any problem, defect, malfunction, or failure of the smoke detector(s), 3) theft of the smoke detector(s) or its serviceable battery, and or 4) false alarms produced by the smoke detector(s).

6. **Entire agreement.** The parties acknowledge that this written addendum in the entire agreement of the parties relative to the smoke detector(s) in the above referenced unit. Any agreement that in any way varies the terms of this addendum shall be unenforceable and completely void unless such agreement is in writing and signed by both the Lessor and Lessee.
7. **Term.** The term of this addendum shall be the same term as the lease as well as any renewal or extension of the lease.

I acknowledge I have read this addendum and it places responsibility upon me to regularly test the smoke detector(s) and report any malfunctions of said smoke detector(s) to the owner/management in writing, as set forth in this addendum.

Executed on: \_\_\_\_\_ (DATE)

Lessee signature: \_\_\_\_\_

Lessee name (please print): \_\_\_\_\_

Lessor name (please print): \_\_\_\_\_

Lessor signature: \_\_\_\_\_



The New Jersey Real Estate Commission requires that the following statements be contained in the lease contract:

**MEGAN'S LAW STATEMENT**

Under New Jersey law, the county prosecutor determines whether and how to provide notice of the presence of convicted sex offenders in an area. In their professional capacity, real estate licensees are not entitled to notification by the county prosecutor under Megan's Law and are unable to obtain such information for you. Upon closing, the county prosecutor may be contacted for such further information as may be disclosable to you. New Jersey law establishes an Internet Registry of Sex Offenders which may be accessed at [www.njsp.org](http://www.njsp.org).

**NOTICE ON OFF-SITE CONDITIONS: (Applicable to all resale transactions)**

PURSUANT TO THE NEW RESIDENTIAL CONSTRUCTION OFF-SITE CONDITIONS DISCLOSURE ACT, P.L. 1995, C. 253, THE CLERKS OF MUNICIPALITIES IN NEW JERSEY MAINTAIN LISTS OF OFF-SITE CONDITIONS WHICH MAY AFFECT THE VALUE OF RESIDENTIAL PROPERTIES IN THE VICINITY OF THE OFF-SITE CONDITION. PURCHASERS MAY EXAMINE THE LISTS AND ARE ENCOURAGED TO INDEPENDENTLY INVESTIGATE THE AREA SURROUNDING THIS PROPERTY IN ORDER TO BECOME FAMILIAR WITH ANY OFF-SITE CONDITIONS WHICH MAY AFFECT THE VALUE OF THE PROPERTY. IN CASES WHERE A PROPERTY IS LOCATED NEAR THE BORDER OF A MUNICIPALITY, PURCHASERS MAY WISH TO ALSO EXAMINE THE LIST MAINTAINED BY THE NEIGHBORING MUNICIPALITY.

**NOTIFICATION REGARDING OFF-SITE CONDITIONS**

Pursuant to the "New Residential Construction Off-Site Conditions Disclosure Act," P.L. 1995, c.253 (C.46:3C-1 et seq.), sellers of newly constructed residential real estate are required to notify purchasers of the availability of lists disclosing the existence and location of off-site conditions which may affect the value of the residential real estate being sold. The lists are to be made available by the municipal clerk of the municipality within which the residential real estate is located and in other municipalities which are within one-half mile of the residential real estate. The address(es) and telephone number(s) of the municipalities relevant to this project and the appropriate municipal offices where the lists are made available are listed below. Purchasers are encouraged to exercise all due diligence in order to obtain any additional or more recent information that they believe may be relevant to their decision to purchase the residential real estate. Purchasers are also encouraged to undertake an independent examination of the general area within which the residential real estate is located in order to become familiar with any and all conditions which may affect the value of the residential real estate.

The purchaser has five (5) business days from the date the contract is executed by the purchaser and the seller to send notice of cancellation of the contract to the seller. The notice of cancellation shall be sent by certified mail. The cancellation will be effective upon the notice of cancellation being mailed. If the purchaser does not send a notice of cancellation to the seller in the time or manner described above, the purchaser will lose the right to cancel the contract as provided in this notice.

MUNICIPALITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date