

ETC MANAGEMENT INC

270 King Street, Perth Amboy, NJ 08861
Phone : (732) 442-5930 ♦ (732) 324-0300
Fax: 732-442-5983

**THE FOLLOWING INFORMATION IS NEEDED TO PROCESS YOUR APPLICATION:
EACH ADULT MUST FILL OUT A SEPARATE APPLICATION**

1. Proof of income:
Two (2) most recent consecutive paystubs
If self-employed, two years of Federal Income Tax return, including 1099
2. Two (2) most recent statements from all financial institutions
Checking and/or Savings
3. If you are receiving Social Security, Disability, Pension or Unemployment or Worker's compensation, must provide proper documentation
4. If you are a Section 8 recipient, you must submit the voucher with application
5. If you receive Public Assistance must provide your Grant Letter
6. If you receive Child Support, you must provide a copy of your court order and current case print outs forms from njchildsupport.org
7. Recent Federal Income Tax (form 1040) including W2
8. A form of a Valid ID for each adult who will be living in the apartment:
Acceptable ID are Government Issued Photo ID, State-Issued Driver's License, State-Issued Non-Driver Identification or Government-Issued Passport or Visa
9. Social Security cards for each adult household member
10. Birth certificates for all children
11. Vehicle Information - Registration and Insurance

Must schedule an appointment to submit application
along with all required documents and \$30.00 application fee per adult 18 and over.

Must be MONEY ORDER ONLY.

Application fee is NON-REFUNDABLE.

Once approved, applicant has 3 business days to pay: 1 1/2 month's security deposit and 1st month's rent.

**LA SIGUIENTE INFORMACION SE NECESITA PARA PROCESAR SU SOLICITUD:
CADA ADULTO DEBE COMPLETAR UNA SOLICITUD POR SEPARADO**

1. Comprobante de ingresos:
Dos (2) recibos de pago consecutivos más recientes
Si trabaja por cuenta propia, se requieren dos años de impuestos federales, incluido el 1099
2. Dos (2) estados de cuenta más recientes de todas las instituciones financieras
Cuenta de cheques y de ahorro
3. Si recibe Seguro Social, Incapacidad, Pensión o Desempleo, debe o compensación del trabajador, debe proporcionar su Carta de adjudicación.
4. Si es un beneficiario de la Sección 8, debe enviar el comprobante con la solicitud.
5. Si recibe Asistencia Pública debe proporcionar su Carta de Subvención
6. Si recibe manutención infantil, debe proporcionar una copia de su orden judicial y los formularios impresos del caso actual de njchildsupport.org:
Desembolso a CP, Detalles de obligaciones y atrasos, Declaración de fin de año
7. Impuesto federales (formulario 1040), incluido W2
8. Un formulario de identificación válida para cada adulto que vivirá en el apartamento:
Las identificaciones aceptables son identificación con foto emitida por el gobierno, licencia de conducir emitida por el estado, identificación de no conductor emitida por el estado o pasaporte o visa emitida por el gobierno
9. Tarjetas de Seguro Social para cada miembro adulto del hogar.
10. Actas de nacimiento de todos los niños.
11. Información del vehículo: registro y seguro

Tenga en Cuenta

Tiene que hacer cita para entregar la solicitud, junto con todos los documentos, y MONEY ORDER de \$30.00 por adulto 18 años y más

Money Order NO SE REEMBOLSA.

Una vez aprobado, tiene 3 días hábiles para pagar: 1 mes y medio de depósito de garantía y el primer mes de alquiler.

ETC MANAGEMENT INC - RENTAL APPLICATION

(Each Leaseholder must submit a separate application)

APPLICANT INFORMATION

FULL NAME (FIRST) _____ (LAST) _____ (M.I.) _____
DOB: _____ / _____ / _____ SOCIAL SECURITY # _____ - _____ - _____
DRIVER'S LICENSE #: _____ STATE: _____ EMAIL: _____
PHONE # (Home) _____ (Cell) _____

LIST OTHERS TO RESIDE IN APARTMENT

NUMBER OF ADULTS WHO WILL OCCUPY THE APARTMENT _____ NUMBER OF CHILDREN WHO WILL OCCUPY THE APARTMENT _____

FULL LEGAL NAME	RELATIONSHIP	DATE OF BIRTH	ANNUAL INCOME	OCCUPATION
	Head of Household			

PRESENT ADDRESS:

STREET _____ APT# _____
CITY _____ STATE _____ ZIP _____
RENT OR OWN (Circle One) LANDLORD/LENDER NAME: _____ CONTACT # _____
MONTHLY PAYMENT _____ DATES (from) _____ (to) _____

PRESENT EMPLOYER:

NAME _____ STREET _____
CITY _____ STATE _____ ZIP _____ CONTACT PHONE # _____
START DATE _____ POSITION _____ MONTHLY SALARY _____

OTHER INCOME: SOURCE _____ GROSS ANNUAL AMOUNT _____

BANK ACCOUNT INFORMATION:

Bank Name _____ Account Number _____ Type of Account _____

EMERGENCY CONTACT (NOT RESIDING WITH YOU):

NAME _____ RELATIONSHIP _____ PHONE _____
STREET _____ CITY _____ STATE _____ ZIP _____

VEHICLES:

MAKE	MODEL	COLOR	LICENSE	PLATE #	YEAR

ARE YOU LEGALLY ELIGIBLE TO LIVE IN THE UNITED STATES: (Please check one)

- Yes, I am a U.S. Citizen
 Yes, I have provided valid documentation from the U.S. Immigration and Naturalization Service (INS) that allows to be in the country

List source of documentation _____

If you have an Individual Tax ID #, please provide in the following space _____

The undersigned applicant and/or co-signer represents that all of the above statements are true and correct and hereby authorizes verification of the above information. If such information proves to be false or misleading, Owner shall have the right to deny this application. The undersigned applicant and/or co-signer hereby consent to allow the Owner, itself or through its designated agents or employees, to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but in not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. The undersigned applicant or co-signer agrees and understands that Owner and its agents and employees may obtain additional consumer reports and criminal record in the future to update or review my account. Upon my written request, Owner will tell me whether consumer reports or criminal records were requested and the names and address of any consumer reporting agency that provided such reports. The undersigned applicant and/or co-signer understand that the application fee is non-refundable. Should this application be denied by the landlord, then the landlord shall be responsible for any claims or damages

APPLICANT SIGNATURE

DATE

FOR OFFICE USE ONLY

Bldg #/Apartment #: _____
Move-in Date: _____
Security Deposit: _____

Monthly Rent: _____
Lease Date: _____ to _____
Rental Agent Name: _____

Date & Time Stamp

Result Stamp

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 DOB: ____/____/____ SOCIAL SECURITY # ____ - ____ - ____
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 PHONE # (Home) _____ (Cell) _____

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PRESENT EMPLOYER:

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 CITY _____ STATE _____ ZIP _____ CONTACT PHONE # _____
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