



Elizabeth Towers Senior Citizen Housing

Owners/Managers Marshall & Moran Inc.
315-321 West Grand Street
Elizabeth, New Jersey 07202
908-355-4500

APPLICATION # _____

Application For Apartment: Please print and fill out the entire form.

Date:			
Applicant Name:	Social Security#	Sex:	Age:
Co Applicant Name:	Social Security#	Sex:	Age:
Home Phone:()	D.O.B. Appl: / /	Co Appl: / /	
Apartment desired: () 1-Bedroom () Studio Marital Status: single, married, divorce			
Current Address:	City:	State:	Zipcode:
How long there?() yrs. Rent (\$)	Reason for Leaving:		
Prior Address:	City:	State:	Zipcode:
How long there?() yrs. Rent(\$)	Reason for Leaving:		
Home Phone: () -	Cell Phone: () -	Best time to contact you: am pm	
Drivers License:	License Plate #:	Make:	Model: Yr.
Current Landlord's Name:		Landlord's Phone:	

REFERENCES:(1 Business 1 Personal)

Name:	Address:	Phone:
Name:	Address:	Phone:

YOUR RENTAL/CRIMINAL HISTORY

Have you, your spouse, or any occupant listed above ever:

Been evicted or asked to move out? Broken a rental agreement or lease contract?	Yes _____	No _____
Declared bankruptcy?	Yes _____	No _____
Been sued for nonpayment of rent?	Yes _____	No _____
Been sued for damage to a rental property?	Yes _____	No _____
Been convicted of a felony?	Yes _____	No _____

SOURCE OF INCOME

List all income sources, this includes, but is not limited to: Full and/or part-time employment, all income from Welfare agencies, Social Security, Pensions, SSI Disability, Armed forces reserves, unemployment compensation, Child Care, Alimony, child support, scholarships and grants, contract for deed, interest on assets, dividends, annuities, regular contributions from people not residing with you. Employer, agency, bank.

Social Security: applicant \$	co-appl:\$	SSI:applicant\$	co-appl:\$
Pensions: applicant \$	co-appl:\$	unemployment: applicant\$	co-appl:\$

ETHNICITY [] HISPANIC OR LATINO RACE: [] American Indian or Alaska Native [] Asian [] White
(Select One) [] NOT-HISPANIC OR LATINO [] Black or African American [] Native Hawaiian or Other Pacific Islander

Are you a United State Citizen? () yes () no (IF NOT) Are you a legal resident? () yes () no
How did you hear about us? Internet () Newspaper () Personal Reference () Drove By () Phone book ()

I/We confirm that all the information I/We have supplied is true and correct. I/We understand that I/We can be turned down for the apartment if I/We have falsified any information on this application. I/We hereby authorize the verification of all above information by ELIZABETH TOWERS SENIOR BUILDING (or any authorized credit service), including my credit, rental, check writing, employment history including salary and public record information, including criminal background and housing court filings. **EQUAL OPPORTUNITY IN HOUSING WILL BE GRANTED TO ALL PERSONS REGARDLESS OF RACE, COLOR, CREED, NATIONAL ORIGIN, FAMILIAL STATUS, GENDER, MARITAL STATUS, SEXUAL ORIENTATION, DISABILTY OR PUBLIC ASSISTANCE. I HAVE READ AND COMPLETED THE RENTAL APPLICATION AND I UNDERSTAND MY RESPONSIBILITIES.**

Applicant Signature

Date

Co-Applicant Signature

Date

I _____ read and understand the Elizabeth Towers Tenant Selection
(Print your name Applicant)

Plan. I have been given a copy for my records. _____
Signature of Applicant & Co-applcant