

**Hayes House Apartments**  
**330 West Jersey Street**  
**Elizabeth, NJ 07202**  
**O:(908) 354-7138**  
**F: (908) 354-0170**  
**E: rebeccat@jcmliving.com**

Thank you for applying for an apartment at Hayes House Apartments. Please provide us with the following items so that we may process your application:

1. A **MONEY ORDER, OR CERTIFIED CHECK** in the amount of **\$35.00** made payable to Hayes House, LLC (non-refundable application fee). An additional **\$35.00** will be charged for each additional adult that will be living in the apartment.
2. Copy of Photo Identification (for each applicant)
3. Copy of Social Security Card (for each applicant)
4. Proof of Income (Last thirty days of pay stubs or letter of employment from current employer stating earnings – for each applicant). If you are self employed, you must provide a statement from an accredited accountant verifying your salary and (2) years of tax returns.
5. Landlord Verification
6. Completed and signed application with all supporting documents filled out in their entirety.

**Your application can not be processed until ALL of the above information has been provided.**

**Once your application has been approved, you will need to provide the following:**

1. A **MONEY ORDER** or **CERTIFIED CHECK** made payable to Hayes House, LLC in the amount of your first months rent. This non-refundable deposit must be paid within 72 hours in order to hold the apartment.

Base Rent (\$ \_\_\_\_\_) + Capital Improvement fee (\$ \_\_\_\_\_) = First month's Rent (\$ \_\_\_\_\_)

2. At lease signing you will need to provide a **MONEY ORDER** or **CERTIFIED CHECK** made payable to Hayes House, LLC for your security deposit in the amount of 1½ months rent.

Base Rent (\$ \_\_\_\_\_) x 1.5 = \_\_\_\_\_

**Hayes House Apartments**  
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I, \_\_\_\_\_ am applying for a  
\_\_\_\_\_ bedroom apartment. I would like to move in on \_\_\_\_\_.

It has been explained to me that a maximum of two occupants may live in a studio or a one-bedroom apartment and a maximum of four occupants may live in a two-bedroom apartment.

I understand, and will abide by the occupancy standards of Hayes House Apartments as explained above.

The following people will be occupying the apartment:

\_\_\_\_\_  
\_\_\_\_\_

I understand that I will be held responsible for any legal charges and/or fines resulting from a violation of the above occupancy standards.

I understand that an inspection of my apartment, upon proper notice, may be done at anytime for the purpose of verifying that I am not in violation of the occupancy standards.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HAYES HOUSE APARTMENTS

\_\_\_\_\_  
DATE

**HAYES HOUSE APARTMENTS**  
**RENT AND POLICY SCHEDULE**

<b>UNIT TYPE</b>	<b>TOTAL UNITS</b>	<b>SQ. FT.</b>	<b>CURRENT RENT</b>	<b>YEARLY INCOME REQUIREMENT</b>	<b>DATE OF CHANGE</b>
Studio	21	500	From \$1150.00	\$41,400.00	07/20/16
One BR	119	700-850	From \$1445.00	\$52,020.00	07/20/16
Two BR	10	950	From \$1750.00	\$63,000.00	07/20/16

Rents are governed by Elizabeth Township Rent Control. Rent includes heat, hot and cold water, central air and electric.

**OCCUPANCY STANDARDS:**

Studio – up to two persons maximum  
One bedroom – up to two persons maximum  
Two bedroom – up to four persons maximum

**COMMUNITY POLIES**

Lease Term: 12 months

**PETS**

No pets permitted. Animals for the disabled are allowed.

**DEPOSITS**

Security: Equal to that of 1 ½ months of applicable rent.

Amount of security deposit is subject to change based on application process. **A separate Money Order must be provided for your security deposit.**

**LEASE RENEWAL POLICY**

One year: Increase percentage is based on the Elizabeth Township Rent Leveling Board

**FEES**

Application Fee: \$35.00 – first applicant/\$35.00 per additional applicant/\$100.00 corporate (non refundable made payable to Hayes House, LLC)  
Holding Fee: First Month Rent – Non Refundable  
Lease Termination: Forfeit Security Deposit  
Internal Transfer: \$450.00 if during lease term. No charge if term is fulfilled. You may only up/down grade. No lateral transfers are permitted.  
NSF Fee: \$25.00  
Late Fee: \$25.00

MONEY ORDER or CERTIFIED CHECK must be used to pay application fee, security deposit, inspection fee and first month's rent.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

EFFECTIVE: 07/20/16

Regional Property Manager Approval: \_\_\_\_\_

**HAYES HOUSE APARTMENTS**  
**Resident Selection Criteria**  
**Revised as of 07/20/16**

**Income:** Each occupant over the age of 18 is required to complete an application. Each applicant must demonstrate a verifiable income. The minimum annual income requirements are as follows:

**Studio:** \$41,400      **1BR:** \$52,020      **2BR:** \$63,000

**Combined Income:** The combined income of roommates will be considered, provided each applicant earns a minimum of 60% of the total qualifying income.

**Credit:** A credit history depicting any of the following may be grounds for denial:

- a. Unpaid liens or judgments.
- b. Bankruptcy, unless applicant can provide verification that positive credit has been reestablished and maintained after three years of discharge.
- c. A credit score of less than 600.

**Rental History:** Applicant must demonstrate a minimum of two (2) years rental or ownership history if applicable. History of a poor payment record, destructive or abusive behavior or poor housekeeping practices will be grounds for denial.

**Co-signers:** Co-signers will be considered only where income is deficient, not with credit or job defaults. Co-signers must qualify at 1.5 times the qualifying income.

**Criminal:** A criminal background check will be run on all initially approved applications. Any conviction of a crime will result in the application being denied.

**Occupancy:** There is a maximum occupancy limit on each type of apartment. Studio – 2 occupants, one bedroom – 2 occupants and two bedrooms – 4 occupants. Violation of this regulation will result in eviction if not corrected immediately.

Please be advised that the submission of your application does not hold an apartment. An apartment will only be held for you once we receive the required deposit. Our company policy is based on a first come, first serve basis.

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Applicant

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Date



## REQUEST FOR VERIFICATION OF EMPLOYMENT CONVENTIONAL PROPERTIES

<b>Name and Address of Applicants Employer:</b>  <hr/> <hr/> <hr/>		<b>Name of applicant:</b> <hr/> <b>Address:</b> <hr/> <b>Social Security Number:</b> <hr/> <b>Work Division or I.D. Number:</b> <hr/>	
<b>To Employer:</b> An application has been made by the above named applicant for residency in our apartments. The applicant has indicated that he (she) is employed by you, and would appreciate it if you would confirm this employment in the space provided below.		I hereby give my approval for verification of my employment and salary status.  <hr/> <div style="display: flex; justify-content: space-between;"> <span>Applicant Signature</span> <span>Date</span> </div>	
<b>EMPLOYER'S VERIFICATION</b>			
<b>Present Position</b>	<b>Date Hired</b>	<b>Present Rate of Pay</b>	
		Hourly \$ _____ X _____ hrs/wk X _____ wk/yr Weekly \$ _____ X _____ wk/yr Annual \$ _____ Per Year	
<b>Additional Compensation:</b> (Actual Amounts received over the last twelve months)		Overtime	\$ _____
		Commissions	\$ _____
		Bonus	\$ _____
		Tips	\$ _____
<b>Probability of continued employment:</b>		<b>Anticipated <u>Total</u> Income for the Next 12 Months:</b>	
<b>Military Service:</b> If Applicant is in military service please report income on a monthly basis as follows: Base Pay \$ _____; quarters & subsistence \$ _____; flight or hazard duty allowance \$ _____.			
Please return this from to:  <div style="text-align: center;">           Hayes House Apartments            330 West Jersey Street            Elizabeth, NJ 07202            (908) 354-7138            (908) 354-0170 FAX         </div>		<hr/> <div style="display: flex; justify-content: space-between;"> <span>Employers Signature</span> <span>Date</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Title</span> <span>Phone</span> </div> <p style="text-align: center;"><b>Thank you for your assistance.</b></p> <hr/> Management Representative	



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## Hayes House Apartments

### VERIFICATION OF LANDLORD HISTORY

To \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_

Verification of information supplied by the applicant shown below

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 SSN \_\_\_\_\_

This person has applied for an apartment at Hayes House Apartments. We are required by the owner to verify all information that is used in determining this person's eligibility. We ask your cooperation in providing the following information and returning it to Hayes House Apartments at the address or fax number shown above. The applicant has consented to this release of information as shown here.

#### Information being requested:

1. How long did the applicant reside at this address? \_\_\_\_\_
2. How many bedrooms? \_\_\_\_\_ How many people lived in this unit? \_\_\_\_\_
3. What was the monthly rent? \_\_\_\_\_
4. What was included in the rent?  Gas  Electric  Heat  Hot water
5. Was the applicant ever late in the payment of the monthly rent? \_\_\_\_\_ If yes, how many times after the 5<sup>th</sup> of the month in the past year? \_\_\_\_\_
6. Was the applicant destructive to the apartment/home or the surrounding areas? \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. What living condition did the applicant maintain?  Acceptable  Unacceptable
8. Did the applicant give proper notice? \_\_\_\_\_ What was the reason for leaving?  
 \_\_\_\_\_

9. Would you re-rent to him in the future? \_\_\_\_\_ If not, Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### 10. Additional Comments:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Print name and title of person giving information

\_\_\_\_\_  
 Name of Agency or Organization

\_\_\_\_\_  
 Signature of person giving information

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone number

I hereby authorize the release of the requested information

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

## Credit/Debit Card Authorization Form

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

I \_\_\_\_\_ hereby authorize ***Haves House LLC*** hereinafter called COMPANY, to initiate credit/debit card transactions and to initiate through a third party processing company, if necessary any adjustments for any transaction in error to the account indicated below and the credit card type named below, to credit and/or debit the same to such amount. This authority is to remain in effect until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

**CHECK ONE:**

- ONE-TIME CHARGE – I would like my credit/debit card charged one-time for \$ \_\_\_\_\_ for a holding deposit. \*
- ONE-TIME CHARGE – I would like my credit/debit card charged one-time for \$ \_\_\_\_\_ for an application fee. \*
- ONE-TIME CHARGE – I would like my credit/debit card charged one-time for \$ \_\_\_\_\_ for a security deposit.
- ONE-TIME CHARGE – I would like my credit/debit card charged one-time for the CURRENT AMOUNT DUE as specified by the Company.\*

**Resident/Payor Information**

Resident Name	Apartment Number	Phone Number	
Resident Address		City/State	Zip
Payor Name (if different than resident name)		Phone Number	
Credit Card Billing Address		City/State	Zip

**Credit Card Information**

Credit Card Type	Credit Card Number	Expiration Date	Amount
Cardholder's Name	Signature	Email Address	

**MANAGEMENT PROCEDURES**

- Photo ID – Verify Resident photo ID
- Signature – Check signature against photo ID
- Credit Card Administrator – Verify Account Information and Resident/Tenant ID

## MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The **New Jersey Law Against Discrimination**, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments.

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.



Visit the Division on Civil Rights Web site at: [www.NJCivilRights.org](http://www.NJCivilRights.org)

**E**

Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

## MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

**If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.**

**This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.**

Tenant  Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: \_\_\_\_\_ Completed by:  Tenant  Applicant  Landlord

If you have any questions regarding this inquiry please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at [DCRMDRR@njcivilrights.org](mailto:DCRMDRR@njcivilrights.org)





**HAYES HOUSE APARTMENTS  
APPLICATION FOR RESIDENCY  
(Each Co-resident must submit a separate application)**

**APPLICANT**

FULL NAME (LAST): \_\_\_\_\_ (FIRST): \_\_\_\_\_ (MI): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_  
 CELL PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
 DRIVER'S LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_

<b>VEHICLES:</b>	TYPE	COLOR	MAKE	PLATE	STATE	YEAR
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

**LIST OTHERS WHO WILL RESIDE IN APARTMENT ON A PERMANENT BASIS:**

FULL LEGAL NAME	SOC. SEC. #	RELATIONSHIP APPLICANT	DATE OF BIRTH	ANNUAL INCOME	OCCUPATION	VISITING ONLY
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**APPLICANT INFORMATION**

**PRESENT ADDRESS:**  
 STREET: \_\_\_\_\_ APT. #: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 RENT OR OWN: \_\_\_\_\_ DATES: \_\_\_\_\_ MONTHLY PAYMENT: \_\_\_\_\_  
 LANDLORD/LENDER: \_\_\_\_\_ STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PREVIOUS ADDRESS:**  
 STREET: \_\_\_\_\_ APT. #: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 RENT OR OWN: \_\_\_\_\_ DATES: \_\_\_\_\_ MONTHLY PAYMENT: \_\_\_\_\_  
 LANDLORD/LENDER: \_\_\_\_\_ STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CURRENT EMPLOYER:**  
 NAME: \_\_\_\_\_ STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYMENT DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

**PREVIOUS EMPLOYER:**  
 NAME: \_\_\_\_\_ STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYMENT DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

**OTHER INCOME:**

<b>TYPE OF INCOME:</b>	<b>SOURCE/BANK</b>	<b>GROSS ANNUAL AMOUNT</b>
_____	_____	_____
_____	_____	_____

**RELATIVES/EMERGENCY CONTACT (NOT RESIDING WITH YOU):**

(1) NAME: _____	RELATIONSHIP: _____	PHONE: _____
STREET: _____	CITY: _____	STATE: _____
(1) NAME: _____	RELATIONSHIP: _____	PHONE: _____
STREET: _____	CITY: _____	STATE: _____

**PET INFORMATION:** TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  
 NOTE: Keeping of pet requires consent of management, payment of applicable fees/deposits, and execution of Pet Addendum. Handicapped assistance animals used for disabilities are not considered pets.

The civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, prohibits discrimination in the rental of housing based on race, color, religion, sex, handicap, familial status or national origin. The federal Agency which administers compliance with this law is the U.S. Department of Housing and Urban Development.

This is to inform you that as a part of our procedure for processing your application, an Investigative Consumer Report may be prepared whereby information obtained through personal interviews with your landlord, employers, or others with whom you are acquainted may be reviewed. This inquiry will include two credit reporting agencies information in regards to your credit history as well as information as to your character, general reputation, personal characteristics, mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation (Fair Credit Reporting Act). I/We hereby agree, in the event of the approval of this application, to execute a lease in accordance with the terms set forth in this rental application and my rental liability shall commence on \_\_\_\_\_, 2017, pursuant to the terms of the lease. That if I/We fail to sign the lease and/or pay agreed rental, Security deposit, utility fees, or other required charges as shown in this rental application: the application fee and any holding fees accompanying this application shall be retained by landlord as liquidated damages. I/We agree to this amount being retained by landlord as a reasonable estimate of actual damages to landlord if I/We failed to perform as stated above after approval. I/We also do not believe the loss of these holding fees is an unfair trade practice if I/We fail to perform as stated above after approval. I/We understand that the holding fees accompanying this application are non-refundable after three (3) days. Owner and/or agent for the owner reserves the right to reject this application and to refuse possession of the above mentioned accommodation. I/We have read the forgoing; certify that the information herein is TRUE and CORRECT, that this application is submitted for the purpose of inducing approval of this application in my/our behalf. Any "yes" or "no" question unanswered shall be considered a "yes."

Have you ever been convicted of or pled guilty or "no contest" to any felony or sexual offense? \_\_\_\_\_  
 If yes, please explain, providing the location, date and nature of the offense: \_\_\_\_\_

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE. YOU AUTHORIZE THE AGENT OF THE LESSOR TO VERIFY THIS INFORMATION, REFERENCES, CREDIT RECORDS, AND CRIMINAL BACKGROUND. ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO REJECTION OF YOUR APPLICATION OR IMMEDIATE TERMINATION OF YOUR LEASE.

_____ SIGNATURE	_____ PRINT NAME	_____ DATE
_____ MANAGEMENT REPRESENTATIVE	_____ DATE	