

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. We also accept **DEBIT/CREDIT/CARD**. Please refer to the Card Authorization Form.
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 Improvment 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 = _____

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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

UNIT TYPE	TOTAL UNITS	SQ. FT.	CURRENT RENT	YEARLY INCOME REQUIREMENT	DATE OF CHANGE
Studio	21	500	From \$1250.00	\$41,400.00	07/20/16
One BR	119	700-850	From \$1525.00	\$52,020.00	07/20/16
Two BR	10	950	From \$1850.00	\$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.

Applicant

Date



REQUEST FOR VERIFICATION OF EMPLOYMENT CONVENTIONAL PROPERTIES

Name and Address of Applicants Employer: <hr/> <hr/> <hr/> <p>To Employer: 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.</p>	Name of applicant: _____ Address: _____ Social Security Number: _____ Work Division or I.D. Number: _____ I hereby give my approval for verification of my employment and salary status. _____ Applicant Signature Date
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EMPLOYER'S VERIFICATION

Present Position	Date Hired	Present Rate of Pay
		Hourly \$ _____ X _____ hrs/wk X _____ wk/yr Weekly \$ _____ X _____ wk/yr Annual \$ _____ Per Year

Additional Compensation: (Actual Amounts received over the last twelve months)	Overtime \$ _____ Commissions \$ _____ Bonus \$ _____ Tips \$ _____
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Probability of continued employment:	Anticipated <u>Total</u> Income for the Next 12 Months:
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Military Service: 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>	_____ Employers Signature Date _____ Title Phone Thank you for your assistance. _____ Management Representative
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Hayes House Apartments

330 West Jersey Street
Elizabeth, NJ 07202
(908) 354-7138
FAX (908) 354-0170

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 5th 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 Hayes 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



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



**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: _____

VEHICLES:	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:

TYPE OF INCOME:	SOURCE/BANK	GROSS ANNUAL AMOUNT
_____	_____	_____
_____	_____	_____

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	