



Application Requirements

Thank you for applying for an apartment at The Gardens at Wesmont Station. Please provide us with the following items so that we may process your application:

- 1. Copy of Photo Identification (for each applicant)
- 2. Copy of Social Security Card (for each applicant)
- 3. Proof of Income (W2, Four weeks of pay stubs, letter of employment from current employer stating earnings – for each applicant)
- 4. Completed and signed application with all supporting documents filled out in their entirety.
- 5. A MONEY ORDER, OR CERTIFIED CHECK in the amount of \$50.00 made payable to The Gardens at Wesmont Station, LLC, (this is a non-refundable application fee). Please add \$25.00 for each additional applicant over the age of 18 that will be living in the apartment.

Applications cannot 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 payment of your first month's rent as a deposit. This deposit must be paid in order to reserve the apartment and is NON-REFUNDABLE.
- 2. Two separate MONEY ORDERS or CERTIFIED CHECKS for township inspections, each in the amount of \$50.00. One made payable to, The Borough of Lodi. The other for \$75 payable to, Fire Prevention Bureau.

| 3. | | de a MONEY ORDER or CERTIFIED CHECK for yor th or 1½ months' rent based on our scoring mode | |
|----|---------------|--|--|
| | | | |
| | Signature | Date | |

^{*}Payment may be in the form of: Visa/ Mastercard/ Discover/ Amex or a Money Order / certified check made payable to The Gardens at Wesmont Station



Signature







RENT AND POLICY SCHEDULE

| | | | | WEEKLY | |
|-----------|--------------|---------|-----------------------|-----------------|---------------|
| UNIT | TOTAL | | CURRENT | INCOME | DATE OF |
| TYPE | UNITS | SQ. FT. | RENT | REQUIREMENT | CHANGE |
| One BR | 248 | 500 | \$1479.00 - \$1729.00 | \$1023 - \$1197 | 5/1/21 |
| One BR LG | 36 | 625 | \$1620.00 - \$1810.00 | \$1121 - \$1253 | 5/1/21 |
| Two BR | 330 | 675 | \$1700.00 - \$1950.00 | \$1176 - \$1350 | 5/1/21 |
| Two BR LG | 28 | 785 | \$1845.00 - \$2035.00 | \$1277 - \$1408 | 5/1/21 |

^{*}Prices are subject to change.

OCCUPANCY STANDARDS:

One bedroom – up to two persons maximum

Two bedroom – up to four persons maximum

COMMUNITY POLICIES

Lease Term: 12 months

PREMIUMS:

Garages: \$110.00 per month Outdoor Parking \$40 per month

PETS (Restrictions Apply)

\$45.00 per month per dog and \$35 per cat

\$300.00 1st pet \$150 2nd pet, One-time Non-Refundable

Pet Fee, Per Apt

DEPOSITS

Security: Equal to 1 or 1½ months' rent

(Amount of security deposit is subject to change based on application process and qualifying applicants.)

A separate Money Order must be provided for your security deposit.

LEASE RENWAL POLICY

Lease Term: 12 month Lease term. Increases based on market rents or rent control

Lease Buyout: Upon first renewal: Tenant may purchase 60 Day Termination Rider for \$500 Month to Month Upon first renewal: Tenant may sign a 'MTM' addendum for \$100 monthly fee

Lease Break 30 days' notice and penalty equal to two month's current rent

Internal Transfer: \$500.00 if during lease term. No charge if term is fulfilled. (Other conditions apply)

GENERAL FEES

Application Fee: \$50.00 – First Applicant \$25.00 each additional, 18 or older (Fee is nonrefundable,

payable to The Gardens at Wesmont Station, LLC)

Holding Fee: One month's rent. Holding fees are **non-refundable**

Township Fee: \$50.00 Payable to: Borough of Lodi

Fire Dept. Fee: \$75.00 Payable to: Lodi Fire Prevention Bureau

NSF Fee: \$35.00 For Non-Sufficient-Fund payments, (bounced checks)

Late Fee: 5% of the current month's unpaid rental balance

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









Resident Selection Criteria

<u>Income</u>: 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: Applicant must earn three times the annual rent.

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 statistically validated scoring model is used to measure each applicants risk in terms of paying their monthly rent. The model takes into consideration many aspects of an applicant's credit history and income to determine the amount of risk for that particular applicant. Management has set specific decision points within the models score range for The Gardens at Wesmont Station. An applicant may be approved or denied based on the scoring model.

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 may 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 approved applications. Any conviction of a crime may result in the application being denied.

Occupancy:

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

| Please be advised, an apartment will only be held for you once we receive a fully completed applicati | on |
|---|----|
| and required deposit fee/s. Our company policy is based on a first come, first serve basis. | |

| Applicant | Date |
|-----------|------|





| l, | am applying for a |
|--|---|
| bedroom apartment. I wou | ld like to move in on |
| It has been explained to me that a maximum of apartment and a maximum of four occupants m | |
| I understand and will abide by the occupancy st explained above. | andards of The Gardens at Wesmont Station as |
| The following people will be occupying the apar | rtment: |
| | |
| I understand that I will be held responsible for a violation of the above occupancy standards. | any legal charges and/or fines resulting from a |
| I understand that an inspection of my apartment for the purpose of verifying that I am not in viol | |
| Applicant | Date |
| Applicant | |
| Management Representative | |







VERIFICATION OF LANDLORD HISTORY

| | | | Date: | | | | | | |
|-----------------------------------|--|----------------------------|--|--|--|--|--|--|--|
| Verifica Name Address | tion of information supplied by the applicant shown | below | | | | | | | |
| SSN | | | | | | | | | |
| verify al followin 723-936 | son has applied for an apartment at The Gardens at a linformation that is used in determining this person g information and returning it to The Gardens at We for email to info@thegardensatwesmontstation.c tion as shown here. | 's eligibili esmont Sta | ty. We ask your cooperation in providing the ation, LLC at the address below, fax it to 646 - | | | | | | |
| Inforn | nation being requested: | | | | | | | | |
| | How long did the applicant reside at this ac | | | | | | | | |
| | How many bedrooms? How many | | ived in this unit? | | | | | | |
| 3. | What was the monthly rent? | | | | | | | | |
| | What was included in the rent? Gas | | | | | | | | |
| 5. | Was the applicant ever late in the payment | of the m | ionthly rent? If yes, how | | | | | | |
| 6 | many times after the 5 th of the month in the past year? Was the applicant destructive to the apartment/home or the surrounding areas? | | | | | | | | |
| 0. | If yes, please explain | | | | | | | | |
| 7. | What living condition did the applicant ma | intain? | Acceptable Unacceptable | | | | | | |
| | Did the applicant give proper notice? | | | | | | | | |
| 9. | Would you re-rent to him in the future? | If 1 | not, Why? | | | | | | |
| 10. | 0. 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 infor | rmation | | | | | | | |
| | Signature of Applicant | | Date | | | | | | |





REQUEST FOR VERIFICATION OF EMPLOYMENT CONVENTIONAL PROPERTIES

| Name and Address of | Applicants Emplo | yer: | Name of applicant: | | | |
|---|--------------------------------------|--|--|---------------------------|--|--|
| | | | Address: | | | |
| | | | Social Security Number | r: | | |
| | | | Work Division or I.D. N | umber: | | |
| 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 | | | I hereby give my approval for verification of my employment and salary status. | | | |
| employment in the space | | | Applicant Signature | Date | | |
| | EMI | PLOYER'S | VERIFICATION | | | |
| Present Position | Date Hired | Hourly \$_ Weekly \$_ Annual \$_ | Present Rate of Pay Xhrs/wk Xwk/yr Ner Year | | | |
| Additional Comper (Actual Amounts receive | | lve months) | | Overtime \$ | | |
| Probability of conti | nued employn | nent: | Anticipated <u>Total</u> Months: | Income for the Next 12 | | |
| Military Service: If A | Applicant is in milita | ary service ple | ase report income on a n | nonthly basis as follows: | | |
| Base Pay \$hazard duty allowan | ce \$ | ; quarters & | subsistence \$ | ; flight or | | |
| Please return this fro | om to: | | | | | |
| The Gardens | at Wesmont Sta | ation | Employers Signature | Date | | |
| | epe Drive, Apt. # | #A | Title | Phone | | |
| T: 97: F: 64 | NJ 07644 3-778-7082 6-723-9365 | | Thank you for your assistance. | | | |
| info@thegardens | atwesmontstati | on.com | Management Representative | | | |





Other Income Description if applicable



The Gardens at Wesmont Station, LLC 1 Marion Pepe Drive, Apt. #A Lodi, NJ 07644

T: 973-778-7082 F: 646-723-9365

E: info@thegardensatwesmontstation.com

Monthly Income

| | | | APP | LICATIO | N FOR R | ENTA | | | | | |
|--|-------------|----------|------------------|-----------------------------------|---------------|-----------|----------------------|---------------------|---------------------|--|--|
| NOTICE: All adult ap | | | | | | separat | e applica | tion for | rental. | | |
| Gray Areas Are to be | Filled | Out | by Leasing | Consulta | ınt | | | | | | |
| Application Date: Holding Deposit | | | t Due(VAC | : | Rent: | Move | In Date: | Leasing Consultant: | | | |
| Apartment No: | | Hold | ing Deposi | t Due (Ni | TV): | | | | | | |
| APPLICANT INFO | RMATI | ON | | | | | | | | | |
| Last Name | | <u> </u> | | First Name | | | | Middle | Middle | | |
| | | | | | | | | | | | |
| SSN Government Issued ID # | | | Date of Birth | 1 | | | Email | Address | | | |
| Cell Phone | | | Home Phone | ! | | | Work | Phone | | | |
| CURRENT ADDRE | SS | | | | | | | | | | |
| Street Address | | | | | City, State | 1 | | | Zip | | |
| Date In | Schedule | d Mov | e Out Date | Landlord/Mortgage Co. Name Landlo | | | | Landlord I | ord Phone | | |
| Current Rent/Mortgage | Reason f | or Lea | ving | • | | | | 1 | | | |
| PREVIOUS ADDRESSES (LIST | ALL ADD | RESSE | S PAST 5 YEAR | RS) | | | | | | | |
| Street Address | | | | City, State | | | | | Zip | | |
| Street Address | | | | City, State | | | | | Zip | | |
| Street Address | | | | City, State | | | | | Zip | | |
| Support Anim | als for the | disabl | led are not cor | nsidered pet | s, but do req | uire adva | nce written a | pproval from | management. | | |
| ~ ~ ~ | Туре | | Breed | Lbs. a | t full growth | Турє | e Breed | | Lbs. at full growth | | |
| PETS (S) | | | | | | | | | | | |
| CURRENT EMPLO | YMEN | T & | INCOME | INFOR | MATION | | | | | | |
| Job Tile Employer/Company | | | | | | | Monthly Gross Salary | | | | |
| Supervisor Name | | | Supervisor Phone | | | Start D | Start Date | | | | |
| | | | | | | | | | | | |
| (2 nd Job if Applicable) Job Tile Employer/Company | | | ıy/Address | | | Month | Monthly Gross Salary | | | | |
| Supervisor Name | | | Supervisor Phone | | | Start D | Start Date | | | | |

| | VEHICLE INFORMATION | | | | | | | |
|---|---|--|---|---------------------------|----------------------------|--|--|--|
| Year | Make | Model | | Color | License Plate # | | | |
| | | | | | | | | |
| | | EMERGENC' | Y CONT | ACT | | | | |
| | Name | Relationship | | Address | Phone | | | |
| | | | | | | | | |
| | PLE/ | ASE ANSWER THE F | OLLOWIN | G QUESTIONS | | | | |
| Have you eve | r been convicted for a crime? YES | (CIRCLE) NO | If so, please list and explain the nature of the crime: | | | | | |
| Have you eve | r been evicted by a Landlord? YES | (CIRCLE) NO | If so, please li | st and explain the nature | e of the eviction: | | | |
| Any Litigation, | such as Suits, Judgments, Bank YES | ruptcies, Foreclosures, etc.? | If so, please e | xplain: | | | | |
| | List Names a | and DOB for EVERY Person th | nat will be res | iding in your home bel | ow | | | |
| FIR | ST NAME | LAST NAME | DATE O | F BIRTH RELA | ATIONSHIP TO APPLICANT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| OTHER INFO | DPMATION | | | | | | | |
| | | esmont Station Apartments? <mark>(F</mark> | Please Be Very | <mark>Specific)</mark> | | | | |
| Please include | any other information you b | elieve would help to evaluate | this application | 1: | | | | |
| inducing apprinvestigative of and/or previous to obtain and to lease an acharacteristic information a continuing rig purposes and in the event of non-refundarefuse possess | I have read the foregoing and certify the information herein is TRUE and CORRECT, and that this application is submitted for the purpose of inducing approval of this application in my behalf. I understand that the procedure for processing my application includes the preparation of an investigative Consumer Report, whereby information is obtained through credit report(s), court records, and personal interviews with my current and/or previous landlord, employer, or others with whom I am acquainted. I hereby consent for you to process our application through Corelogic to obtain and verify my credit information, including, but not limited to a criminal background check for the purpose of determining whether or not to lease an apartment to me. This inquiry may include, but is not limited to, information regarding my character, general reputation, personal characteristics, and mode of living. I 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. Furthermore, I understand that should I lease an apartment, you shall have a continuing right to review my credit information, rental application, criminal background, payment history and occupancy history for account review purposes and for improving application methods. I hereby agree to execute a lease in accordance with the terms set forth in the rental application, in the event of the approval of this application. If I decide to cancel this application or fail to sign the lease I understand I would forfeit the non-refundable application fee/s and deposits/rent paid. Owner and/or agent for the owner reserve the right to reject this application and to refuse possession of the above mentioned accommodations. I/We understand that if our name(s) appear on the register of sex offenders, as well as on court records or the like, this application may be rejected. This information is not privileged, and is valid in copy and fax form. | | | | | | | |
| Gov't Is | | on't Forget to Include the Fol al Security Card | lowing with yo Proof Of Inco | | tion Fee + Holding Deposit | | | |
| Applicant Sig | nature | Date Sig | ned | Prefe | rred Move In Date | | | |
| Office Use Only Beyond This Point | | | | | | | | |
| Application W | as (Circle One): | Approved | | Conditionally Approved | Declined | | | |
| Leasing Director Documents Prov | Has Reviewed Application and All rided | Leasing Director Signatu | ire | Conditionally Approved | Date | | | |
| Apartment Le | ased to Applicant | Rent | Move In [| Date Agent | | | | |
| | | | | | | | | |

Credit/Debit Card Authorization Form

| Date: | | | | | | |
|------------------|--|---|--|---------------|---------------------------------------|---|
| any ad and/or | PANY, to initiate credification of its termination | saction in error to the ch amount. This a | account indicated be uthority is to remain | low and the c | redit card type nar ntil COMPANY h | med below, to credinas received written |
| СНЕ | CK ONE: | | | | | |
| () | ONE-TIME CHA | ARGE – I would lik | e my credit/debit carc | l charged one | -time for \$ | for a holding |
| () | ONE-TIME CHA application fee. * | ARGE – I would lik | e my credit/debit card | l charged one | -time for \$ | for an |
| () | ONE-TIME CHA | ARGE – I would lik | e my credit/debit card | l charged one | -time for \$ | for a security |
| () | ONE-TIME CHADUE as specified by sident/Payor Infor | the Company.* | ke my credit/debit ca | ard charged o | ne-time for the <u>C</u> | URRENT AMOUN |
| | sident Name | | Apartment Number | Phone Num | per | |
| Res | sident Address | | | City/State | | Zip |
| Pay | yor Name (if different than | resident name) | | Phone Num | ber | |
| Cre | edit Card Billing Address | | | City/State | | Zip |
| | edit Card Informa | | | ı | | |
| Cre | edit Card Type | Credit Card Num | ber | | Expiration Date | Amount |
| Ca | rdholder's Name | Signatur | re | En | nail Address | |
| | | 1 | | l | | |

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

CIVILLE RIGHTS

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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.

| | form is not intend part from rental i | | of the rental a | pplication process and must be kept separa | ate |
|--------|--|---|--|--|------------|
| □ Те | enant \square Applica | nt Name: | | | |
| Addre | ess: | | | | |
| City:_ | | State: | Zip code: | Phone Number: | |
| Race/ | Ethnicity: Please | check all that ap | oply to leasehole | ders (tenants) or applicants. | |
| | Hispanic or Lat other Spanish or Asian: a person | t ino : a person of igin or culture, of having origins | f Cuban, Mexico or a person havi in any of the ori | origins in any of the original peoples of African, Puerto Rican, South or Central Americaning a Spanish surname iginal peoples of the Far East, Southeast Asiahina, India, Japan, Korea, Malaysia, Pakistan, t | or , or |
| | Philippine Island American India North or South A | n or Alaska Na | | having origins in any of the original peoples | of |
| | Native Hawaiia peoples of Hawa | | | : a person having origins in any of the origin fic Islands | ıal |
| | | ian: a person ha | | any of the original peoples of Europe, the Mid | ldle |
| | Date: | Comple | eted by: 🔲 T | 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@nicivilrights.org

CIVILLE RIGHTS