

Optimum Property Management
PO Box 447
Farmingdale, NJ 07727
Service@Optimumprop.com

RENTAL APPLICATION

Name _____
First Middle Last

Present Address _____
No. Street City State Zip

How long have you lived at this address? _____ Phone # _____

Reason for
Moving _____

Former Address _____
No. Street City State Zip

How long have you lived at this address? _____ Landlord's # _____

Social Security # _____ Date of Birth _____

Email Address _____

I hereby grant the above Apartment/Landlord/Realtor, whichever is applicable, and its designee, First American Registry Inc., a credit reporting agency, the right to process this credit application for the purpose of obtaining a rental lease. In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application shall remain the property of the apartment complex, landlord, Realtor, regardless if rental lease is granted. The landlord also reserves the right to contact the above applicant by any means given over by applicant.

The undersigned also agrees that once the prospective tenant has remitted a deposit, they will have 72 hours not including weekends to change their mind. After that time, the deposit will be posted as rent for the apartment noted below for a minimum one-year lease. If prospective tenant changes their mind about renting the apartment after the 72-hour time period has passed, the deposit will be treated as liquidated damages, and accordingly will be forfeited.

Applicant's Signature

Date

Building _____
Apartment # _____
Rent Amount _____
Move in _____
Agent _____

*** Please note that all applicants over the age of 18 must fill out a separate application.

Optimum Property Management
PO Box 447
Farmingdale, NJ 07727
Service@Optimumprop.com

RENTAL APPLICATION

Date _____

1. PERSONAL

Applicant's Name _____ Applicant's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Current Address _____
Street City State Zip

How long have you lived at this address? _____ Current Rent Amount _____

Landlord's Name _____ Landlord's Phone Number _____

Previous Address _____
Street City State Zip

Landlord's Name _____ Landlord's Phone Number _____

2. CREDIT AND EMPLOYMENT INFORMATION

Present Employer _____ How long at this job? _____

Address of Employment _____
Street City State Zip

Position _____ Total Monthly Income _____ Employer's Phone # _____

Bank _____ Type of Account _____ Account # _____

3. REFERENCES

Name	Relationship	Address	Phone Number

4. NAME & AGES OF FAMILY MEMBERS TO OCCUPY APARTMENT

Total Number of Persons to live in apartment _____

Name	Age	Relationship to Applicant

5. AUTOMOBILES AND APPLIANCES

Number of Automobiles owned _____ Year _____ Model _____ License Number _____

Please check off those appliances that you own:

Refrigerator _____ Stove _____ Washer _____ Dryer _____ Dishwasher _____ Air Conditioner _____

What prompted this application?

Newspaper Ad _____ Name of Paper _____

Friend/Relative _____ Name _____

Other _____

NO PETS ALLOWED!!

NOTE: FAILURE TO COMPLETE APPLICATION IN ITS ENTIRETY WILL RESULT IN A DELAY IN PROCESSING.

Optimum Property Management
PO Box 447
Farmingdale, NJ 07727
Service@Optimumprop.com

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