

**BRADFORD POINTE APARTMENTS**

**800-A Bradford Court**

**Bordentown NJ 08505**

Phone: 609-424-0411 Fax: 609-424-0414

**TO ALL APPLICANTS:**

In order for your application to be processed, you must submit a \$35.00 application fee for each person over the age of 18.

All money orders (either mailed or brought in with application) must be made payable to:

**BRADFORD POINTE APARTMENTS**

**800-A BRADFORD COURT**

**BORDENTOWN, N.J. 08505**

**NO PETS OF ANY KIND**

PLEASE KEEP IN MIND, THAT IF PAYMENT AND THE ITEMS LISTED ON PAGE TWO ARE NOT RECEIVED, YOUR APPLICATION WILL NOT BE PROCESSED.

THANK YOU,  
THE MANAGEMENT

APPLICANT: PLEASE PROVIDE THIS OFFICE WITH CONTACT NUMBERS WHERE YOU CAN BE REACHED BELOW:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Office Use: Tracking No: \_\_\_\_\_



## **TO ALL APPLICANTS**

**You are required to provide us with the following information to complete the application process:**

- 1. Drivers license for everyone in the household.**
- 2. Insurance card for all your automobiles.**
- 3. Registration for all of your automobiles.**
- 4. Four current pay stubs for all family members who work.**
- 5. Proof of any other income, i.e. social security benefits, child support, etc.**
- 6. Money Order for \$35.00 for every adult member in the household, age 18 years or older, to conduct a background & credit check.**
- 7. You MUST meet income requirements according to State/Federal guidelines.**

# **BRADFORD POINTE APARTMENTS**

## **2007 Rental Amounts**

**THE RENT FOR OUR APARTMENTS AS FOLLOWS:**

**TWO BEDROOMS:                      \$629.00**

**THREE BEDROOMS:                      \$792.00**

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**THE REQUIRED SECURITY DEPOSIT AS FOLLOWS:**

**TWO BEDROOMS:                      \$ 945.00**

**THREE BEDROOMS                      \$1,188.00**

**PLEASE NOTE OFFICE HOURS :**

**MONDAY THRU FRIDAY**

**9:00 AM TO 4:00 PM**

# APARTMENT RENTAL VERIFICATION REQUEST

Current ( ) Previous ( )

To: \_\_\_\_\_ Fax No: \_\_\_\_\_

Attention: \_\_\_\_\_

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

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

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_

Proper Notice Given? Yes ( ) No ( )

Rental Amount \$ \_\_\_\_\_ Number of Lates: \_\_\_\_\_

Number of NSFS: \_\_\_\_\_ Number of Warrants: \_\_\_\_\_

Number of Pets: \_\_\_\_\_

Complaints: \_\_\_\_\_ What Type: \_\_\_\_\_

Damages to Unit: \_\_\_\_\_

Would you re-rent? Yes \_\_\_\_\_ No \_\_\_\_\_

Verified by: \_\_\_\_\_ Position: \_\_\_\_\_

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

1<sup>st</sup> REQUEST ( ) 2<sup>nd</sup> REQUEST ( ) 3<sup>rd</sup> REQUEST ( )

AAH MANAGEMENT COMPANY INC./BRADFORD POINTE APARTMENTS HAS AUTHORIZATION TO VERIFY RENTAL HISTORY.

PLEASE RETURN TO: Fax (609) 424-0414

I/We certify that the information given herein is complete, true and correct. Landlord or his agent is hereby expressly authorized to verify the accuracy and correctness of these statements to communicate with my/our employer(s) and creditors and to procure such other information which landlord or agent may require to evaluate this application.

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

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



# Rental Application Form

## Applicant Information

Last Name		First Name		M.I.		Co-Applicant Last Name		First Name		M.I.	
Date of Birth / /		Social Security Number - -				Date of Birth / /		Social Security Number - -			
Home Telephone ( ) -						Co-Applicant Home Telephone (if different) ( ) -					
Current Street Address			City	State	Zip Code	Co-Applicant Current Address (if different)			City	State	Zip Code
Previous Street Address			City	State	Zip Code	Co-Applicant Previous Address (if different)			City	State	Zip Code
Length of Residence at Current Address __ months		Length of Residence at Previous Address __ months				Length of Residence at Current Address __ months		Length of Residence at Current Address __ months			

### Present Rental Information

Landlord or Agent Name		Landlord Telephone Number ( ) -		Co-Applicant Landlord or Agent Name		Landlord Telephone Number ( ) -	
Reason for Leaving		Length of Rental __ months	Monthly Rent	Reason for Leaving		Length of Rental __ months	Monthly Rent

### Employment Information

Present Employer Name		Position		Co-Applicant Employer Name		Position					
Supervisor Name		Telephone Number ( ) -		Supervisor Name		Telephone Number ( ) -					
Employer Address			City	State	Zip Code	Employer Address			City	State	Zip Code
Employed From To		Salary per <input type="checkbox"/> month <input type="checkbox"/> year		Employed From To		Salary per <input type="checkbox"/> month <input type="checkbox"/> year					

### Banking Information

Bank Name		Telephone Number ( ) -		Name		Telephone Number ( ) -	
Account Number		Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Account Number		Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

### Emergency Contact Information

Name		Telephone Number ( ) -		Name		Telephone Number ( ) -	
Address		Relationship		Address		Relationship	

### Other Information

Car Year / Make / Model / /		License Plate State / Number		Car Year / Make / Model / /		License Plate State / Number	
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### Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises.

Applicant: **X**

Date:

Co-Applicant: **X**

Date:

OFFICE USE ONLY			
NTN Access Number	Address/Unit Applied For	Monthly Rent Amount for unit applicant is applying for (C/S)	
Date Screened	Proposed Move-In Date	Apartment/Unit Type	
Service Requested: <input type="checkbox"/> NTN Decision Pool <input type="checkbox"/> Criminal Report <input type="checkbox"/> Full Service (includes employment and landlord verifications, BHU service)			

Submit above information to NTN  
Phone: (800) 422-8299 Fax: (888) 885-7528

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**TENANT'S  
FINANCIAL STATEMENT**

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**A.A.H. MANAGEMENT COMPANY, INC.  
BRADFORD POINTE APARTMENTS  
800-A BRADFORD COURT, RENTAL OFFICE  
BORDENTOWN, NEW JERSEY 08505  
(609) 424-0411**

PERSONAL PROFILE

TENANT'S NAME(S): \_\_\_\_\_  
\_\_\_\_\_

QUESTIONS: \_\_\_\_\_

	YES	NO
Do you currently have any bank liens?	_____	_____
Are your wages garnished?	_____	_____
Have you ever filed for bankruptcy?	_____	_____
Are there any persons who may join your household in the future?	_____	_____
Have you or any family member ever been convicted of a felony or drug charge?	_____	_____
Have you ever been evicted or gone through foreclosure?	_____	_____
Has any member been on disability in the lasts 5 years?	_____	_____
Have you ever applied for homeless prevention, Section 8 or any other subsidy?	_____	_____
How long have you lived at your current address? If less than 1 year, provide Previous address and apartment development in the space below.	_____	_____

OCCUPATION

Tenant's Job Title: \_\_\_\_\_ Years of Employment \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Spouse's Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

If either you and/or your spouse has been employed less than 1 year, please provide us with the same information as we requested above in the space below:

Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT**

Assets		Liabilities	
(Do not include Assets of doubtful value.)	Whole Dollars		Whole Dollars
Cash on hand and in this bank:	\$	Notes payable to banks-see Schedule D	\$
Cash in other banks:			
Marketable securities-see Schedule A:		Due to brokers-see Schedule D	
Non-marketable securities-see Schedule B:			
		Amounts payable to others-see Schedule D	
Partial interest in real estate investments: (see Schedule B)		Loans on life insurance policy(s)-see Schedule E	
Real estate owned-see Schedule C:		Other debts-Itemize:	
Loans receivable:			
Cash value life insurance-see Schedule E:			
Net worth of business owned: (attach Financial Statement)			
IRA's, Pensions, Keoghs, Profit Sharing			
Other Assets-Itemize:			
		<b>Total Liabilities:</b>	
		<b>Net Worth (Total Assets Minus Total Liabilities)</b>	
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities and New Worth</b>	<b>\$</b>

<b>Banking and Savings</b>	
Bank Name	Account No.
Address	
City, State, & Zip	
Bank Name	
Address	
City, State, Zip	Account No.
Savings Account	Account No.
Bank Name	
Address	
City, State, Zip	NOTE: For additional checking and savings, please provide the information in the space below:

<b>Contingent Liabilities:</b>	
Are you a guarantor, co-maker or endorser for any debt not shown above?	Yes No
Are you a party to any claim or lawsuit?	Yes No
Are you contingently liable for any lease or contract?	Yes No
Are any of your taxes past due?	Yes No
Please provide details if you answered yes to any of the questions above:	
Please answer the following questions:	
1. Income tax returns filed through (date):	
2. Have you or any firm in which you were a major owner ever declared bankruptcy?	
If so, please provide details:	

## PERSONAL FINANCIAL STATEMENT

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are these Pledged?	Market Value	

### SCHEDULE B – Investments in Real Estate, Unregistered (i.e. Non Marketable) Securities, etc.

Location/Description of Investment % owned	Investment Year	Investment Cost	Owned By	Current Value of Net R/E Equity	Mortgage	

### SCHEDULE C – Real Estate Owned

Address	Titled in names of	Date Bought	Cost	Market Value	Mortgages	
					Owing Now Date	Maturity Held By

### SCHEDULE D – Notes Owing Banks, Brokers, Finance Companies and Others

Owing To	Balance Due	Repayment Terms	Date of Final Payment	Secured By	

### SCHEDULE E - Life Insurance

Name of Ins. Company	Owner of Policy	Beneficiary	Type**	Face Amount	Policy Loans	Cash Surrender Value

\*\* W – Whole Life    T – Term    E – Endowment    A – Annuity    G – Group    O – Other

### SCHEDULE F – Banks or Finance Companies Where Credit has been Obtained

Name and Address of Lender	Credit in the Name Of	Secured or Unsecured	Original Date	High Credit	Year Paid

## CASH FLOW STATEMENT

INCOME				EXPENSES		
	Amount	Received	NonTaxable		Amount	Paid
	Monthly	Annual	AnnualAmt.		Monthly	Annual
Tenant's Salary	\$	\$	\$	Housing Total	\$	\$
Spouse's Salary	\$	\$	\$	Child Care	\$	\$
Tenant's Self-Employment	\$	\$	\$	Transportation Total	\$	\$
Spouse's Self-Employment	\$	\$	\$	Food & Beverages	\$	\$
Interest & Dividends	\$	\$	\$	Clothing	\$	\$
Pensions & Alimony	\$	\$	\$	Furnishings	\$	\$
Social Security	\$	\$	\$	Personal Care & Cash	\$	\$
Rental Property (Net)	\$	\$	\$	Medical/Dental/Prescription	\$	\$
Other	\$	\$	\$	Educ/Self-Improvement	\$	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	Debt/Installment Payments	\$	\$
				Entertainment Total	\$	\$
<b>TAXES (Withholding or Estimated)</b>				Vacations & Holidays	\$	\$
<b>INCOME TAXES</b>	<b>Total Payments</b>			Charitable Contributions	\$	\$
	Monthly	Annual		Other	\$	\$
Federal	\$	\$		<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>
State & Local	\$	\$				
<b>Tenant:</b>				<b>NOTE</b>		
Self-Employment	\$	\$		Adjust expenses for the		
ICA	\$	\$		family size.		
Medicare	\$	\$				
<b>Spouse:</b>						
Self-Employment	\$	\$				
ICA	\$	\$				
Medicare	\$	\$				
<b>TOTAL TAXES</b>	<b>\$</b>	<b>\$</b>				
<b>INCOME TAX CALCULATIONS</b>						
Number of Exemptions:						
Filing Status:				<b>NOTE</b>		
1=Single				Use a flat 20% of INCOME		
2=Married/Joint				If this is too difficult,		
3=Married/Separated						
4=Head of Household						
	<b>ANNUAL</b>			<b>ALTERNATIVE MINIMUM TAX</b>		
Federal Taxes:						
Other Adjustments to Income	\$			Plus or Minus Adjustments	\$	
Total Itemized Deductions	\$			Plus AMT. Preferences	\$	
Long-term Capital Gain or Loss	\$			Foreign Tax Credits	\$	
Short-term Gain: Gain or Loss	\$					
Tax-exempt Interest	\$			<b>STATE &amp; LOCAL TAXES</b>		
Total Federal Tax Credits	\$			Estimated \$ Amount	\$	
Other Taxes	\$			And/Or \$ of Fed. Taxable Inc.	\$	
Current participant in a qualified retirement plan?	Yes No					
Tenant Legally Blind?	Yes No					
Spouse Legally Blind?	Yes No					

EQUAL HOUSING

Opportunity

A. A. H. MANAGEMENT CO., INC.

APPLICATION FORM

Discrimination Prohibited: The Landlord agrees not to discriminate based upon race, color, creed, national origin, sex, age, handicap, membership in a class such as unmarried mothers or recipients of public assistance or because there are children in the family.

COMMUNITY \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT(S) NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

Provide information for everyone who will live in the unit.

	Name	Birthdate	Social Security No.	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

HOUSEHOLD INCOME:

1. For each household member, age 18 and over, receiving income from employment, including family members temporarily absent, list total anticipated income for the following twelve month period, including gross wages, overtime pay, fees, salaries, commissions, tips, military pay, etc.

Family Member	Employer's Name	Length of Employment	Phone No.	Gross Pay	Per Pay Period	Annual Income
( )	_____	_____	_____	_____	X	= \$
( )	_____	_____	_____	_____	X	= \$
( )	_____	_____	_____	_____	X	= \$
( )	_____	_____	_____	_____	X	= \$

2. Pensions, trusts, social security, annuities, retirement funds, unemployment and disability compensation, workman's compensation, (do not include any lump sum payments such as insurance payments, inheritances, capital gains or settlements for personal or property losses.)

Family Member	Employer's Name	Length of Employment	Phone No.	Gross Pay	Per Pay Period	Annual Income
( )	_____	_____	_____	_____	X	= \$
( )	_____	_____	_____	_____	X	= \$
( )	_____	_____	_____	_____	X	= \$
( )	_____	_____	_____	_____	X	= \$
( )	_____	_____	_____	_____	X	= \$

3. All other income, include income from assets such as rental property, businesses, dividends, and interest, including checking and savings accounts, earned income tax credit in recurring paychecks or lump sum.

Family Member	Income Source	Annual Income
( )	_____	= \$
( )	_____	= \$
( )	_____	= \$
( )	_____	= \$

TOTAL ANNUAL INCOME TO HOUSEHOLD ..... TOTAL = \$

CURRENT & PREVIOUS RESIDENCES:

	ADDRESS	MO. RENT	NAME & PHONE # OF LANDLORD/OWNER	DATE FROM/TO
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

APPLICANT CERTIFICATION:

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. False answers submitted on this application will be grounds for the rejection of this application and/or lease termination. The applicant authorizes Management to conduct an investigation in accordance with the company screening criteria which includes, but is not limited to, the use of a credit reporting company.

The applicant fully understands it is their responsibility to contact the rental office every six (6) months to update the application in order to remain on the active waiting list. Any changes on the application including, but not limited to income, address or family composition, must be reported to the rental office.

Applicant's Signature \_\_\_\_\_

Spouse/Co-head \_\_\_\_\_

# Bradford Pointe apartments

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

=====

Signature of Applicant/Resident \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Notary Public:

\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

SEAL