

**THE GARDENS AT RARITAN
ONE CHESTER CIRCLE
NEW BRUNSWICK, NJ 08901
(732) 247-0602
FAX (732) 247-2832
*www.TheGardensatRaritan.com***

RENTAL INFORMATION

Rates effective: 05/01/2012

Studio	\$795.00
Junior 1BR	\$895.00
One Bedroom	\$985.00
Two Bedroom One-Level	\$1,195.00
Two Bedroom Duplex	\$1,295.00
Two Bedroom Duplex w/Den	\$1,355.00

Rental rates include hot water, water & sewer, trash, hardwood floors, mini blinds, renovated kitchens with ceramic tiles, stove and refrigerator. Two bedroom units also include a microwave and ceiling fans in the bedrooms.

One Bedroom Brunswick	\$855.00
Two Bedroom Brunswick	\$995.00

Brunswick Apartments are all electric and utilities are paid by the residents.

OCCUPANCY LIMITS

Studio	1 Person
One Bedrooms	2 People
Two Bedrooms	4 People

TO APPLY

Please bring the following:

1. Completed and signed application(s) for each household member 18 years of age and older.
2. Photo ID (i.e. Drivers license or State issued ID) and Social Security Card for each household member 18 years of age and older. Birth Certificates and Social Security Cards for all minors.
3. Non-refundable application fee is \$25.00 for each applicant and \$25.00 for each additional household member 18 years of age and older.
4. Two recent pay stubs or a letter from the employer for each working adult.

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Dear Applicant:

Thank you for applying for an apartment home at The Gardens at Raritan. At this time we would like to advise you of our policies regarding new apartment applications.

Available apartments are rented on a first come first serve basis from the date the completed application along with receipt of the applicable non-refundable processing fee. The fee covers a credit and criminal background check. No walked in credit or criminal reports will be accepted.

You, the prospective resident must provide the following:

1. Applicant(s) must provide a minimum of five years residence history on the application.
2. Verifiable income (2 current pay stubs or letter from employer) for each household member 18 years of age or older. Income other than employment such as social security, disability or child support will require documentation of such. If self-employed, income statements from accredited accountant or two years tax returns will be required. *Unemployment compensation is not acceptable as a form of income.*
3. Applicant(s) must provide copy of valid photo ID (i.e. drivers' license or state issued ID) along with a social security card that matches information given on application for each household member 18 years of age or older. Birth Certificates and social security cards are required for any minors that will be included in the household.
4. *The non-refundable application fee is \$25.00 for each applicant and \$25.00 for each additional household member 18 years of age or older. The fee must be paid in the form of a money order.*

Desired Apt. Floor plan _____ When are you looking to Move In: _____ Number of occupants to reside in Apartment _____

Following the application process, all qualified applicants will be notified of their status along with a lease signing and move-in schedule. You will be required to pay a \$500.00 holding fee also to be paid in the form of a money order or certified check within two days of your approval. **You have 72 hours to cancel after which the holding fee becomes non-refundable.** This holding fee will be deducted from the required security deposit for the unit which will be equal one and a half times the monthly rent for the desired unit. The balance of the security deposit is due at lease signing along with first month's rent/pro-rated rent.

If applicable, a pet damage fee is required in the amount of \$250.00 for each pet and the pet rent is \$25.00 per pet per month. The maximum weight limit for household pets is 30 lbs and a maximum of one pet per bedroom size will be allowed. All cats and dogs must be registered and licensed with The City of New Brunswick and all necessary proof of such license along with required vaccination records and picture of animal must be provided prior to move-in.

Do you own any pets? _____ if so, please specify type _____.

How did you find out about us? _____.

A co-signer will only be conditionally accepted when the applicant does not meet the credit or income criteria (Maximum of 2 co-signers will be allowed per apartment).

Applicants are screened through a third party agency and may be rejected for but not limited to the following reasons:

- Unfavorable credit
- Unfavorable landlord references (i.e. eviction fillings in the past 5 years, damages, skipped or disturbances)
- Unfavorable employment references
- Insufficient income to support the apartment unless subsidized. The minimum income is determined by the selected unit using the rent to income multiplier of 3.
- Inaccurate or falsified information submitted on the application.
- Any crime/felony convictions in the past (20) twenty years.

All rejected applicant(s) will receive written notification outlining the reason(s) for rejection along with the name of the credit bureau which provided the credit information.

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS

Applicant _____ Date: _____

Applicant _____ Date: _____

Raritan Brunswick LP/The Gardens at Raritan Rental Application

Tel: (732) 247-0600 • Fax: (732) 247-2832

Last Name			First Name			M.I.			Co-Applicant Last Name			First Name			M.I.				
Date of Birth / /		Social Security Number - -		Home Telephone () -		Date of Birth / /		Social Security Number - -		Home Telephone () -		E-Mail Address		Mobile Telephone () -					
E-Mail Address		Mobile Telephone () -		Current Street Address		City		State		Zip Code		Co-Applicant Current Address (if different)		City		State		Zip Code	
Length of Residence at Current Address ___ months		Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		Length of Residence at Current Address ___ months		Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		Previous Street Address		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 Previous Address ___ months		Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		Length of Residence at Previous Address ___ months		Ever Filed for Eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent									

Present Housing 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 / Income / Bank 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 / Wages per <input type="checkbox"/> month <input type="checkbox"/> year		Employed From To		Salary / Wages per <input type="checkbox"/> month <input type="checkbox"/> year									
Prior Employer Name		Position		Co-Applicant Prior 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 / Wages per <input type="checkbox"/> month <input type="checkbox"/> year		Employed From To		Salary / Wages per <input type="checkbox"/> month <input type="checkbox"/> year									
Other Income <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other		Amount per <input type="checkbox"/> month <input type="checkbox"/> year		Other Income <input type="checkbox"/> SSI <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Other		Amount per <input type="checkbox"/> month <input type="checkbox"/> year									
Bank Name		Telephone Number () -		Name		Telephone Number () -									

