

Jack Trocki Development Co., LLC

jtdrentals5@yahoo.com

www.jacktrockidev.com

Office (609) 641-9888

Fax (609) 645-2810

HAMMONTON GARDENS

882 12th Street
Hammonton, NJ 08037

2BR \$1,450

Heat/Hot Water
Electric Cooking
A/C unit in LR
Laundry Facility

***Pets Welcome**

TOWN BANK MANOR

620 Town Bank Road
North Cape May, NJ 08204

1 BR \$1,300

2 BR \$1,450

Heat/Hot Water
Electric Cooking
A/C unit in LR
Laundry Facility

***Pets Welcome**

- **Pets welcome under 50 pounds for an additional \$50.00 per month**
- **\$50.00 Application Fee**
- **All pricing subject to credit/income verification**

Jack Trocki Development Co. L.L.C
505 Tilton Rd., Northfield, NJ 08225
Mailing Address: P.O. Box 689, Northfield, NJ 08225
Phone: (609) 641-9888
Fax: (609) 645-2810
jtdrentals1@gmail.com

WHAT YOU NEED TO RENT AN APARTMENT

Thank you for your interest in our rental property. Enclosed you will find a credit rental application and three copies of a Consumer Authorization to obtain a consumer report; one for yourself, one for your spouse or roommate, and one for a co-signer, if necessary. Please fill out **ALL** paperwork completely **Email, or place in our Drop Box in an envelope** located at 505 Tilton Road, Northfield, NJ 08225 along with the following information. The application cannot be run without all of the required information.

COPY OF YOUR DRIVERS LICENSE OR STATE ISSUED PHOTO ID CARD
COPY OF YOUR SOCIAL SECURITY CARD
COPY OF YOUR TWO MOST RECENT PAY STUBS

*If you do not have any recent pay stubs and/or you are currently receiving assistance of any kind, you must include copies showing proof of income.

Please note that your application will not be processed until all of the above information for each adult applicant is received (any person over 18 years of age). The process will take 1-2 business days, at which point we will call you with our decision. In order to be approved you must have good credit, no criminal background and no prior landlord/tenant disputes.

If your application is approved, a non-refundable holding deposit will be required to hold an apartment for you. This deposit shall be held as your security deposit for the duration of your lease and residency. In addition, approved applicants are responsible for Certificate of Occupancy Inspections Fees to be paid by certified funds or order to the municipalities as follows:

Cologne Gardens: \$50.00 Certificate of Occupancy, Fire Inspection & & Tenant Occupancy Permit
Payable to: Township of Hamilton/Rush Fee \$135.00

Groveland Manor: \$60.00 Certificate of Occupancy
Payable to: City of Somers Point

Pleasant Acres: \$40.00 Certificate of Occupancy & \$45.00 Fire Inspection
Payable to: City of Pleasantville

Dream Bay: \$50.00 Certificate of Occupancy
Payable to: City of Ventnor

This fee is NON-REFUNDABLE

If you decide not to sign the lease agreement once your application has been accepted and an apartment has been reserved for you, the deposit you submitted will be retained.

Jack Trocki Development Co., LLC
Cologne Gardens, Pleasant Acres,
Groveland Manor, Townbank Manor, Hammonton Gardens
& Dream Bay Condos
505 Tilton Road, P.O. Box 689, Northfield, NJ 08225
(609) 641-9888 phone & (609) 645-2810 fax

Rental Verification Form

I, _____, authorize release of the following information for the purposes of applying to rent an apartment:

Signed: _____ Date: _____
Rental Applicant

Jack Trocki Development Co., LLC would like to get a current/previous rental reference

for: Tenant(s) Name: _____

Address: _____

Move In Date: _____ Move Out Date: _____

Monthly Rent: _____

Has Rent been Habitually Late: _____

Have you had to file suit: _____ Any Returned Checks: _____

Was the property kept in good condition? _____

Did Tenant(s) give proper notice to vacate? _____

Would you rent to this person again? _____

If no, please explain: _____

Name and title of person completing form: _____

Signature: _____ Date: _____

Please fax completed form back to (609) 645-2810

Thank you,

Michael Tallent
Community Director
Jack Trocki Development – 609-645-2810

RENTAL APPLICATION

Every occupant over the age of 18 MUST fill out a separate application (even if married).
 Please fill out this form COMPLETELY and sign it where indicated.

PERSONAL INFORMATION			
FIRST NAME	MIDDLE	LAST	S.S.#
DATE OF BIRTH / /	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED since _____ <input type="checkbox"/> DIVORCED since _____		DRIVERS LICENSE # STATE
PHONE - - - -	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - - - EXT. - -	<input type="checkbox"/> HOME <input type="checkbox"/> WORK EMAIL
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE - - -	
REASON FOR LEAVING	AMOUNT OF RENT		Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE - - -	
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE - - -	
REASON FOR LEAVING	AMOUNT OF RENT		Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO

PROPOSED OCCUPANT(S)			
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S)			
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

VEHICLE(S) INFORMATION					
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT		
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - - - EXT. - -	YEARS EMPLOYED
ADDRESS		CITY/STATE/ZIP
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - - - EXT. - -	YEARS EMPLOYED
ADDRESS		CITY/STATE/ZIP

INCOME		
CURRENT INCOME \$ _____	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY		
CURRENT INCOME \$ _____	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY		
CURRENT INCOME \$ _____	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY		

EMERGENCY/PERSONAL REFERENCE INFORMATION		
EMERGENCY CONTACT	PHONE _____ <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS _____	CITY/STATE/ZIP _____
EMERGENCY CONTACT	PHONE _____ <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS _____	CITY/STATE/ZIP _____
PERSONAL REFERENCE	PHONE _____ <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS _____	CITY/STATE/ZIP _____
PERSONAL REFERENCE	PHONE _____ <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE _____ <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS _____	CITY/STATE/ZIP _____

TENNANT QUESTIONNAIRE / AUTHORIZATION	
Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.</p>	
X _____ APPLICANT SIGNATURE	_____ DATE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

NOTES:

Jack Trocki Development Co. L.L.C

CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT

*Please fill out one Consumer Authorization for each applicant 18 years of age or older

"I hereby authorize Jack Trocki Development Co. L.L.C. to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluation my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/ salary details, vehicle records, licensing records and/or any other necessary information. **I hereby expressly release Jack Trocki Development Co. L.L.C., and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies."**

X _____
Applicant Signature

X _____
Printed Name

Social Security Number

Birth Date MM/DD/YYYY

Current Address City, State, Zip Code

Previous Address City, State, Zip Code

Work Phone Number

Extension

Home Phone Number

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

CIVIL RIGHTS

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.

CIVIL RIGHTS

DCR/MDRU/MDRU/LS2005

Jack Trocki Development Co. L.L.C

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X _____
Applicant Signature

X _____
Printed Name

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Birth Date MM/DD/YYYY

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CIVIL RIGHTS

DCR/HR/MDRR/S2005

Jack Trocki Development Co. L.L.C

CO-Signer Application

CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT

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X _____
Cosigner Signature

X _____
Printed Name

Social Security Number

Current Address City, State, Zip Code

Previous Address City, State, Zip Code Birth Date MM/DD/YYYY

Work Phone Number Extension Home Phone Number

Applicant Name First, Middle, Last