

Yale Kent, LLC

700 N Broad St Ste 302

PO Box 33 Elizabeth NJ 07207



We Are Best At "Building Relationships!"

(973) 375 - RENT

Apply now so we may rush your credit application. Please upload or send your ID, proof of residency, income, social security /TIN cards. Our client-landlords evaluate individuals w. eviction or other negative factors, on a personal, case by case system. This form is for the first step of our quick, two -step application process. (A link to our second step is on our website, FYI)

First Step Fee is \$69.95 in person/ or just \$50.99 online.
Second Step is \$39.90 when pre-paid, or \$50 upon lease signing.

The first step is for credit, income and landlord tenant searches,
The second is for a nationwide criminal background search.

All our landlords require more good credit history than bad credit history. Co-signers may be **acceptable** if you do not individually meet credit standards, so long as no disqualifying data is obtained. Read our credit standards for details. For co-signers, submit an additional completed application and fee. Supplemental fees are due for use of supplemental forms plus any actual costs to obtain copies or transcripts of official records not in your possession. We do **NOT** Accept personal checks.

Owners base decisions on credit history, eviction records, and other information on file about you. If a discrepancy or negative data is in the report, please take steps to correct false data. Equifax 1-800-685-1111 - Transunion 1-800-916-8800 - Experian 1-888-397-3742

THIS FORM IS ONLY FOR USE By or on On behalf of Stuyvesant Yale, LLC and AGENTS DULY AUTHORIZED BY the firm. HOWEVER, Use of this form does not create a relationship between the applicant and Stuyvesant Yale, LLC or its affiliates, agents or clients. Our firm may or may not manage the property to which you apply. We offer application processing to owners, even when we do not have a listing or management role.

BRING/ SEND: SS card, Valid Gov't ID, Current Income Stubs. Utility or Bank Statement.

Management Reserves the right to confiscate fake, expired or forged documents.

A phone bill for a landline is considered a utility bill; cellular bills are not. Prior to moving in, many of our landlords require renters furnish liability insurance with a \$100,000 limit of coverage to the landlord's property.

Please be sure to

read the Terms of Use at our offices or website, including credit standards, the Consumer Information



Statement, Disclosure Kits, Sample Lease and Privacy Policies. Thank you!

Who is Yale Kent ?

Yale Kent, LLC is a service firm that assists many owners and diverse real estate agencies to find and Screen tenants, to perform collection services, advertising, consulting and marketing. While initially Formed by Stephen R Buch who served as its Broker of Record, Yale Kent LLC now may License or affiliate as a team within, for instance, the Re/Max franchise, but each firm is independently Owned and operated. Also, since each property owner may ultimately select their tenants with or without our services, we cannot assure or guarantee any result to applicants when you apply.

ONLINE APPLICANTS: Save/ Print this PDF, then write or type your info, sign & return to us

Choose One:

Money Order or Bank Check enclosed \$39.90
(No Personal Checks)

Credit Card Authorization \$39.90

Your Name _____ Cell # (_____) _____ - _____

Billing Zip Code : _____ CWW CODE (3 or 4 digits) _____

Card # _____ Expires _____

Service Details

Property / Unit

Application fee for Adult

\$ 39.90

Total Paying now \$ 39.90

By signing below, I agree & hereby authorize YaleKent LLC to process my order with the credit card for the order amount • I certify that I am an authorized user of this credit card and that I will not initiate any dispute on this charge for the reason of "No Cardholder Authorization," so long as the transaction matches the terms indicated in this form.



We accept Bank Checks & Credit Card

You may send this form by fax to (973) 970 2824

Questions ? just contact our Finance Dept at (908) 624 -1222

Or via email to Books@Yalekent.com



Fee paid\$ _____ Receipt# _____
by _____ Sign _____ date _____

Kindly sign here _____ Date _____

On the next page....

If you are a Business Owners, You may skip questions about smoking, your vehicle & number/ names of occupants. , but please answer all other questions.

APPLICATION FORM

PLEASE WRITE NEATLY Fee is per person

CONFIDENTIAL RECORDS

Use ONE FORM, per ADULT occupant

I now apply to rent co-sign for: UNIT # ___ at address: _____

(circle) Store, Office, House, Apartment with ___ Bedrooms on ___ Floor. Also, I would accept renting unit#s _____ or _____

I understand I pay these utilities: heat hot water electricity _ and must supply these appliances : **refrigerator.** _____x_____

I heard of the rental from _____ . & saw it w (Name of Realtor/ Assistant _____ ON (date) _____

I want to move in (date) _____ I have **NOW** rent of \$ _____ + fee _____ + security deposit \$ _____, **total= \$** _____

PRINT (neatly) Your full name & Current Address: (below)

Co-Applicant **Names** (Each person to complete their own application form, separately)

List Names of every adult _____

List names of non-adults:(of All Ages) _____

I will be living on the premises by myself.

Are you aware of evictions, criminal behavior or convictions by any co-applicant or occupant listed above? Yes___ No___

Are you aware of any occupant who is currently abusing alcohol or any narcotic or using any illegal substance in a manner that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents Yes___ No___

If you answered "yes" to either of the two questions above, please attach a letter of explanation.

Have you ever been a defendant in an unlawful detainer (eviction) lawsuit or defaulted (failed to perform) any obligation of a **rental agreement or lease**? Yes___ No___

Have you ever committed or been convicted or pled guilty of a crime ? Yes___ No___

Have you ever filed suit against a landlord or been sued by a landlord ? Yes___ No___

Do you or a member of your household smoke ? Yes___ No___

Please explain your "YES" answers below: and, separately, send or attach all explanatory documents :

Kindly confirm what funds do you have ready now for your move ?

Please confirm when you can move and your preferences for your next rental ?



Full name _____ Driver/ ID# _____

Email Address _____ Ok to Text to? _____

Date of Birth _____ Social Sec # _____ Ph#s _____

How much in funds do you have ready now to move ? = _____

If you don't have all the funds now, how and when will you ?

If you have a gov't subsidy, how much will be paid and for how long a period of time ? _____

Details & Agency contact info:

Will any agency be paying your security deposit or broker's fees ? If yes, provide contact info & file / case numbers.

RENT/ Mortgage/ Housing Verification

At your **current** address, enter below name & address of Owner

Enter Owner's Phone/ Email (below)

_____ email _____
_____ Phone(s)/ Fax _____
_____ office # _____

How much do you pay in rent/ Mortgage now? _____ Are utilities in your name ? _____

Where are rents or payments sent? _____ CITY _____ State ___ Zip _____

List the last 3 locations where you lived, before your current address: (and approximate dates to the right)

_____ (and til now)

Vehicles Owned: List Make, Model, Year & License Plate (& State)

_____ Year _____

Insurance: Do you have renters' insurance ? ___ Does it cover "legal liability coverage to the landlord?" _____

If you do not have "legal liability" insurance, the owner may require you pay \$17.50 / month for a Landlord Liability Policy. To avoid the \$17.50 cost, please email a certificate at least 10 days prior to leasing to:

Accounts@YaleKent.com

If you have your own policy, write in name of carrier, agent, and policy # :

CENSUS of All OTHER OCCUPANTS (Don't list yourself again here) Total Number of occupants will be _____

Please be ready to provide Birth Certificates and Social Security Cards for ALL Tenants and ALL Occupants prior to signing a lease. These documents will be required before keys are released or owner counter-signs any leases. Use Blank Paper if you require more room Do not List yourself again here.

If you wish, please also **List any Emergency Contacts:**

Occupant(s) Names: List First Name, Middle Name(s) and WRITE LAST NAME in CAPITAL Letters.

_____ DOB _____ SS# _____ phone# _____

_____ DOB _____ SS# _____ phone# _____

_____ DOB _____ SS# _____ phone# _____

_____ DOB _____ SS# _____ phone# _____

Personal References: Current Super or Neighbor _____ Ph#s _____

Address _____ Zip _____

Reference _____ Ph#s _____ email _____ Address _____
_____ Zip _____

You may have a copy of report results, but the fees are NOT Refundable. _____

Extra forms, transmissions and verifications are \$8 each + any actual costs. _____

AUTHORIZATION TO RELEASE INFORMATION

Income INFORMATION:** Status: ___ Full Time ___ Part Time ___ Subsidy ___ Other (– describe on a separate papers)

** Businesses, List Three Trade References and provide account receivable records.

Employer/ Source Name(s) _____ Address: _____

Supervisor Name _____ Phone () _____

Email of Supervisor and/or Fax # _____ @ _____ () _____

Date income began _____ Case/ Employee# _____ Gross Monthly income \$ _____

NOTE ABOUT INCOME: If you have more than one income source, attach a list with details of all income & persons whom we may contact to verify. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application. Landlords usually require gross income 2 to 3 times the rent for a period of the last three months. If employed, on a full-time basis in a non-seasonal position. If you are self-employed, provide last two years tax returns & proof of filings.

Subsidy Information (Optional, as applicable) Case Worker _____ Agency: _____

Ph#s - _____ Fax # _____ Case # _____

Address: _____ email _____
_____ @ _____

If there is any additional information that might help owner/management evaluate this application, attach/ send a letter.

AUTHORIZATION Release of Information & Statement Regarding Tax Withholding Status

I hereby apply to lease above-described premises for a term and upon the conditions set forth above and agree that rent is due & payable the first day of each month in advance. To induce the owner of the property and agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, any Broker Fee paid will be retained to offset the agent's cost, time, and effort in processing my application. I have read the landlord's lease as drafted and will accept it. I understand that the agent represents owners as a "seller's agent," not representing me. I have received the Consumer information Statement. I authorize release of my personal subsidy, government, welfare benefits & investigation of my credit, criminal, legal, tenant, banking, and income records for the purposes of credit extended by the agent or its client's or affiliated owners/managers. I have read the Credit Standards of the landlord and I understand that no apartment is being held for me, even if my application is approved. Each co-signer or applicant MUST USE HIS or HER OWN, SEPARATE FORM.

THIS FORM IS ONLY FOR USE BY AGENTS DULY AUTHORIZED BY STUYVESANT YALE, LLC HOWEVER, Use of this form does not create a relationship between the applicant and Stuyvesant Yale, LLC. Our firm may or may not manage the property to which you apply. We offer application processing to owners, even when we do not have a listing or management role. **I have re-read all questions about legal & criminal history and certify I have answered truthfully. I am aware that if any of my statements are false, I am subject to punishment, including a charge of fraud and other legal consequences. I understand the vacancy is NOT being held for me. The Fee is Not Refundable.**

Sign ⇒⇒⇒ _____ Date _____

Send Info to: Stuyvesant Yale LLC Box 33, Elizabeth NJ 07207-0033

Fax: (862) 209 - 6100

Email: Clients@[YaleKent.com](mailto:Clients@YaleKent.com)



CONSUMER INFORMATION STATEMENT **ON NEW JERSEY REAL ESTATE RELATIONSHIPS Corporate DECLARATION as of 1/1/2016**

In New Jersey, real estate licensees are required to disclose how they intend to work with buyers and sellers in a real estate transaction. (In rental transactions, the terms "buyers" and "sellers" should be read as "tenants" and "landlords," respectively.) **Stuyvesant Yale, LLC acts as a seller's agent on all properties it manages or lists. On all other properties, Stuyvesant Yale, LLC will serve as a transaction agent only. We do not practice dual agency or sub-agency.**

As a Seller's Agent I, AS A LICENSEE, REPRESENT THE SELLER AND ALL MATERIAL INFORMATION SUPPLIED TO ME BY THE BUYER WILL BE TOLD TO THE SELLER.

Before you disclose confidential information to a real estate licensee regarding a real estate transaction, you should understand what type of business relationship you have with that licensee. There are four business relationships: (1) seller's agent; (2) buyer's agent; (3) disclosed dual agent; and (4) transaction broker. Each of these relationships imposes certain legal duties and responsibilities on the licensee as well as on the seller or buyer represented. These four relationships are defined in greater detail below. Please read carefully before making your choice.

SELLER'S AGENT A seller's agent **WORKS ONLY FOR THE SELLER** and has legal obligations, called fiduciary duties, to the seller. These include reasonable care, undivided loyalty, confidentiality and full disclosure. Seller's agents often work with buyers, but do not represent the buyers. However, in working with buyers, a seller's agent must work honestly. In dealing with both parties, a seller's agent may not make any misrepresentations to either party on matters material to the transaction, such as they buyer's financial ability to pay, and must disclose defects of a material nature affecting the physical condition of the property which a reasonable inspection by the licensee would disclose. Seller's agents include all persons licensed with the brokerage firm which has been authorized through a listing agreement to work as the seller's agent. In addition, other brokerage firms may accept an offer to work with the listing broker's firm as the seller's agents. In such cases those firms and all persons licensed with such firms, are called "sub-agents". Sellers who do not desire to have their property marketed through sub-agents should so inform the seller's agent.

BUYER'S AGENT A buyer's agent **WORKS ONLY FOR THE BUYER**. A buyer's agent has fiduciary duties to the buyer which include reasonable care, undivided loyalty, confidentiality, and full disclosure. However, in dealing with sellers, a buyer's agent must act honestly. In dealing with both parties, a buyer's agent may not make any misrepresentations on matters material to the transaction, such as the buyer's financial ability to pay, and must disclose defects of a material nature affecting the physical condition of the property which a reasonable inspection by the licensee would disclose. A buyer wishing to be represented by a buyer's agent is advised to enter into a separate written buyer agency contract with the brokerage firm which is to work as their agent.

DISCLOSED DUAL AGENT A disclosed dual agent **WORKS FOR BOTH THE BUYER AND THE SELLER**. To work as a dual agent, a firm must first obtain the **informed written consent** of the buyer and the seller. Therefore, before acting as a disclosed dual agent, brokerage firms must make written disclosures to both parties. Disclosed dual agency is most likely to occur when a licensee with a real estate firm working as a buyer's agent shows the buyer properties owned by sellers for whom that firm is also working as a seller's agent or subagent. A real estate licensee working as a disclosed dual agent must carefully explain to each party that, in addition to working as their agent, their firm will also work as the agent for the other party. They must also explain what effect their working as a disclosed dual agent will have on the fiduciary duties their firm owes to the buyer and to the seller. When working as a disclosed dual agent, a brokerage firm must have the express permission of a party prior to disclosing confidential information to the other party. Such information includes the highest price a buyer can afford to pay and the lowest price a seller will accept and the party's motivation to buy or sell. Remember, a brokerage firm acting as a disclosed dual agent will not be able to put one party's interests ahead of the other party and cannot advise or counsel either party on how to gain an advantage at the expense of the other party on the basis of confidential information obtained from or about the other party. If you decide to enter into an agency relationship with a firm which is to work as a disclosed dual agent, you are advised to sign a written agreement with that firm.

TRANSACTION BROKER The new jersey real Estate Licensing law does not require licensees to work in the capacity of an "agent" when providing brokerage services. A transaction broker works with a buyer or a seller, or both in the sales transaction without representing anyone. **A TRANSACTION BROKER DOES NOT PROMOTE THE INTERESTS OF ONE PARTY OVER THOSE OF THE OTHER PARTY TO THE TRANSACTION**. Licensees with such a firm would be required to treat all parties honestly and to act in a competent manner, but they would not be required to keep confidential any information. A transaction broker can locate qualified buyers for a seller or suitable properties for a buyer. They can then work with both parties in an effort to arrive at an agreement on the sale or rental of real estate and perform tasks to facilitate the closing of a transaction. A transaction broker primarily serves as a manager of the transaction, communicating information between the parties to assist them in arriving at a mutually acceptable agreement and in closing the transaction, but cannot advise or counsel either party on how to gain an advantage at the expense of the other party. Owners considering working with a transaction broker are advised to sign a written agreement with that firm which clearly states what services that firm will perform and how it will be paid. In addition, any transaction brokerage agreement with a seller or landlord should specifically state whether a notice on the property to be rented or sold will or will not be circulated in any or all Multiple Listing System (s) of which that firm is a member.

YOU MAY OBTAIN LEGAL ADVICE ABOUT THESE BUSINESS RELATIONSHIPS FROM YOUR OWN LAWYER. THIS STATEMENT IS NOT A CONTRACT AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THIS FORM IS FOR USE ONLY BY Agents Authorized on BEHALF OF STUYVESANT YALE, LLC

NOTE: if Broker must request additional info, transcripts of records or official copies of documents not in your possession, you must pay the cost plus \$8 for each additional mailing or transmission.

SUPPLEMENTAL Form 1: PERSONAL CONDUCT CERTIFICATION

I have been the victim of an impersonation or the use of my name in connection with a criminal conviction. I have re-read all questions about legal & criminal history and certify I have answered truthfully. I am aware that if any of my statements are false, I am subject to punishment, including a charge of fraud and other legal consequences. I am aware of persons with similar name who have committed the following criminal offenses,

_____ as per the ATTACHED Background or Legal / Police Reports Dated N/A :

I certify under penalty of perjury that I committed no such offenses. [NOTARIZATION REQUIRED](#)

Sign ⇒⇒⇒ x _____ Date _____

Print your name _____ Phone # _____

SUPPLEMENTAL FORM 2: FOR FOREIGN NATIONALS

Occupancy HISTORY (in COUNTRY of ORIGIN) Use blank paper if you need.

Prior Address1 _____ N/A _____ Apt# _____ City _____ State _____ Zip _____

Dates Occupied (from & to) _____ Reasons Left _____ Rent \$ _____

Owner/Agent _____ Phone () _____

Country or Countries of which you are a citizen, list all : _____

Country Issuing your Passport & Number _____

Your Full Name _____ Visa Type _____ Expires on _____

Alien Registration Number (assigned to you by the Us Immigration Dept.) _____

What legal papers do you have from any foreign country showing birth? name changes, marriage, employment, etc., ? _____

Do you have a driver's license number in any other country, if yes describe and list #s and dates of issuance: _____ (attach list)

Please attach pre-addressed envelopes and return-postage-paid envelopes to our address along with a paper or printed list giving us the contact information for all consulates, references, gov't agencies needed so we may verify your statements in writing. In the event any reference source requires a fee, we shall inform you so that you may advance us such exact costs as are necessary to procure original documents to verify your ID and statements related to your application.

Have you ever been asked or ordered by a representative of any government to leave the U.S. or any other country ? no _ (attach and explain with a separate sheet)

Sign ⇒⇒⇒ x _____ N/A _____ Date _____

Print your name _____ Phone # _____

Be sure to visit www.Insurent.com for more options if you don't have established a US Credit History.

SUPPLEMENTAL Form 3: DELAYED OCCUPANCY EXPECTED & Record Authorization & Explanation**Subsidy Authorization Document :**

_____ This form will only come into use when the residential apartment or residential home you wish

To occupy has yet to have a municipal inspection completed by the local town or city inspectors or by your agency / subsidy provider.

You should only agree to the delayed occupancy if your schedule to move in allows you flexibility.

THIS DOCUMENT IS NOT AN Actual Lease of ANY KIND.

THIS DOCUMENT is merely to inform you of the status of inspections ordered or that have occurred at the property located at : _____

You have tendered \$ _____ as a good faith deposit. THIS DOCUMENT IS NOT AN Actual Lease of ANY KIND and we are NOT holding the apartment. The owner will cooperate for arranging an inspection of the unit for you or by an agency for you within the next 7 days. You further authorize us to sign any town C of H forms on your behalf.

You acknowledge that application fees are not refundable, but your GOOD FAITH deposit is refundable Before the lease is actually signed. Once the lease is signed, your GOOD FAITH deposit will be applied to any charges due from you to move in to the unit, including but not limited to lease payments, additional application fees, LRRL insurance, brokerage fees, and/or security deposits due.

We would also recommend you consider other units (if any) available at the same address.

_____ **The owner expects the town inspection to pass the unit on _____, but**

If you are willing to wait, up to TEN DAYS after that planned date, please inform the Broker of Record at steven.buch@gmail.com.

NOTE: if Broker must request additional info, transcripts of records or official copies of documents not in your possession, you must pay the cost plus \$8 for each additional mailing or transmission.

NOTE: If any agency is going to provide a subsidy, be sure that the confirmation is in WRITING and clearly details the amount, term, start and end date and so forth.

State of New Jersey
Department of Human Services
AUTHORIZATION TO DISCLOSE INFORMATION

I understand that my information, which is retained by the New Jersey State Department of Human Services or one of its divisions, may not be disclosed to another person without my express written authority. I hereby give authority to the New Jersey State Department of Human Services to disclose any and all information regarding: *Individual's Name

(Print): _____ **To the following individual:** _____ ***Name *Telephone Number**
 __ **(908) 624 1222** or clients@YaleKent.com __ **Box 33, Elizabeth NJ 07207-0033**

This authorization expires 12/31/2023 or one year from the date signed, below, whichever is less. I understand that upon this expiration date, the New Jersey State Department of Human Services will no longer provide my information to the person stated above, and that if I wish for this person to continue to receive information, I must execute another authorization. I understand that if the above-named person is not a health care provider or part of a health plan covered by federal privacy regulations, my health information may be re-disclosed by the person I have named above and will no longer be protected by these regulations. However, the person named above may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements. I understand that if I refuse to sign this form, the New Jersey State Department of Human Services will not disclose my information to the person named above. I understand I may revoke this authorization at any time, in writing, except to the extent the New Jersey State Department of Human Services has taken action in reliance on this authorization. The written request to revoke this authorization must be provided to the New Jersey State Department of Human Services employee who received this Authorization. The revocation will be effective on the date that the New Jersey State Department of Human Services employee who received this Authorization receives the revocation.

I understand that if I refuse to sign this form, the New Jersey State Department of Human Services will not disclose my information to the person named above. I understand I may revoke this authorization at any time, in writing, except to the extent the New Jersey State Department of Human Services has taken action in reliance on this authorization. The written request to revoke this authorization must be provided to the New Jersey State Department of Human Services employee who received this Authorization. The revocation will be effective on the date that the New Jersey State Department of Human Services employee who received this Authorization receives the revocation. Substance Abuse Information Only: Further, I understand that if I am authorizing the New Jersey State Department of Human Services to disclose information about substance abuse, I must state the purpose of the disclosure. My purpose in allowing the Department to disclose this information is as follows: To allow processing of rental application and/or extension of credit or terms in renting an apartment

. *Signature (or mark) of Individual, _____ *Date of Signature: _____ *Telephone Number: _____

Name/Title: _____ *Division(s) Individual Receives Services

From: Family Development (Welfare, etc) and Temporary Rental Assistance Programs, SNAP.

NOTE Case # _____