

RPM MANAGEMENT, L.L.C.
77 Park Street, Montclair, NJ 07042
Phone: (973) 744-5410
Fax: (973) 744-6255

Dear Prospective Resident:

Thank you for your interest in our income restricted apartment community. Enclosed is our application; **there is a \$25.00 non-refundable application fee payable by money order at the time you apply. Please complete all sections of this application and make copies of the following documents:**

1. **Social Security Cards** for all persons who will reside in the apartment.
2. **Birth Certificates** of each household member.
3. **Consecutive 2 (bi-weekly) or 4 (weekly) pay stubs from the current month** for all household members 18 years of age or older. You will also need a printout from the current month from the agency of the source of income. For example, Public Assistance, SS, SSI, Pension, etc.
4. **If you receive child support**, you must bring the **last 2 stubs** you received or a court order with the case number.
5. **2005 and 2004 Federal Tax Return** (1040 Form) and Education Credits (8863 Form), for each household member 18 years of age or older. We do not accept self-prepared tax returns. You may request a copy of your return or a letter stating that there is no record of you filing, by calling the IRS automated system Monday through Friday 7 a.m. to 10 p.m. at **(800) 829-1040**.
6. **2005 and 2004 W-2's, 1099 or Schedule C or C — EZ forms** for each household member 18 years of age or older. You may also obtain a transcript of this from the IRS automated system. **Call (800) 829-1040**.
7. **Your current bank statements** from all accounts for each household member. This includes: **savings, checking, credit union, 401K, pension and retirement**.
8. **Last 3 rent receipts** from your current landlord.

IMPORTANT: Only once you have completed the application, made copies of the above items and obtained a money order in the amount of \$25.00 (payable to: RPM Development), you may mail in your application or drop it off at our office. When your application is reviewed, you will be contacted by phone or by mail.

PLEASE FILL OUT APPLICATION COMPLETELY IN BLACK INK. IF SOMETHING DOES NOT APPLY TO YOU, PLEASE WRITE N/A. NO CROSSING OUT OR WHITE OUT IS ALLOWED. WE DO NOT ACCEPT FAXED APPLICATIONS. THE APPLICATION IS NOT COMPLETE UNTIL ALL DOCUMENTS ARE SUBMITTED, FAILURE TO SUBMIT DOCUMENTS OR THE FEE WILL DELAY YOUR APPLICATION PROCESS.

Thank you.

RPM MANAGEMENT
77 PARK STREET, MONTCLAIR, NEW JERSEY 07042
APPLICATION FOR LEASE

APPLICANT'S NAME: _____
LAST FIRST MIDDLE INITIAL

Social Security # _____ Date of Birth: _____

Is applicant a full time student? YES / NO

CO-APPLICANT'S NAME _____
LAST FIRST MIDDLE INITIAL

Social Security # _____ Date of Birth: _____

Is applicant a full-time student? YES / NO

Other Occupants				
Full Name	Date of Birth	Social Security #	Relationship to Applicant	Full Time Student

PRESENT ADDRESS _____
Street Apartment # City State Zip

Dates: from _____ To _____ Monthly Payment: \$ _____ Home Phone # _____

Present Landlord/Mortgage Company _____

Phone # _____

Reason for moving: _____

PREVIOUS ADDRESS _____
 Complete only if you have lived at your previous address less than one year

Street

Apartment No.

City

State

Zip

HAVE YOU EVER BEEN EVICTED? _____
 Explain

SECTION 8 APPLICANTS PLEASE COMPLETE THIS SECTION

Housing Authority you receive assistance from? _____

Name and Phone number of your caseworker: _____

Have you been released to move in a new apartment? Yes _____ No _____
 If yes, attach supporting documentation.

Number of bedrooms your voucher is for (1, 2, 3) _____ Attach a copy of your voucher

INCOME INFORMATION - List all full time, part time and self employment of all household members and the anticipated income from each source of employment during the next 12 month period.

Household Member	Name and Address of Employer	Position Held Supervisor's Name and Phone #	Monthly Gross Income	Date of Hire

ASSETS

Checking Acct.	Yes	No	Bank	Account #
Savings Acct.	Yes	No	Bank	Account #
Share Acct.	Yes	No	Bank	Account #
Draft Acct,	Yes	No	Bank	Account #
Pension	Yes	No		
401K	Yes	No		
Other	Yes	No		

TOTAL ANTICIPATED GROSS INCOME THROUGH THE NEXT 12 MONTHS

ANNUAL SALARIES (including tips, fees, bonuses and commissions): \$ _____

SPOUSES ANNUAL SALARY: \$ _____

ADDITIONAL INCOME: Child Support _____

Social Security _____

SSI/Disability _____

Public Assistance _____

AFDC _____

Alimony _____

VA or RR _____

Unemployment Benefits _____

Pension/Annuity _____

Medicare/Medicaid _____

Recurring Gift _____

Other _____

TOTAL ADDITIONAL INCOME _____

TOTAL ANTICIPATED ANNUAL INCOME \$ _____

VEHICLE YEAR & MAKE _____ **COLOR** _____

License # and State: _____

Registered to: _____

Give description and tag numbers of any boat, Motorcycle or Camper Van you may own: _____

EMERGENCY CONTACT Name: _____

Address: _____

Phone Number: _____ Relationship: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

If Yes, Please Explain: _____

DO YOU OWN ANY PETS? WHAT KIND? _____ _____ _____	YES _____ NO _____ _____ HOW MANY? _____
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Have you disposed of any assets in the past two years? YES _____ NO _____

All Applicants hereby authorize RPM Management, L.L.C. to verify my/our Credit History and to verification of any and all information set forth on this application, including release of information by any employer (present and former), any bank or savings and loan, and any lender, and hereby waive all right of action for any consequence resulting from such information. All such information hereon, and released as authorized by the applicant(s)'s signature below will be kept confidential. ALL APPLICANTS REPRESENT THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentations on this application will constitute a default under the lease agreement between the parties.

Applicant's Signature	Date
Applicant's Signature	Date
Applicant's Signature	Date

THE LEASE AGREEMENT WILL NOT BECOME EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY MANAGEMENT.

Title VIII of the CIVIL RIGHTS ACT of 1966 makes discrimination based on race, color, religion, sex, financial status, or national origin illegal in connection with the rental of housing. The Federal agency which administers compliance with this law concerning this Company: Dept. of Housing & Urban Development.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES: The information solicited below is requested by the building owner in order to assure the Federal Government, acting through the State Finance Agency, that we comply with Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familiar status, age and handicap. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating our application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race / national origin and sex of the individual applicants on the basis of visual observance or surname.

RESIDENT

CO-RESIDENT

I do not wish to furnish this information (initials) _____ I do not wish to furnish this information (initials) _____

RACE/NATIONAL ORIGIN

RACE/NATIONAL ORIGIN

- () American Indian
- () Alaskan Native
- () Asian, Pacific Island
- () Black
- () White
- () Hispanic
- () Other (specify)

- () American Indian
- () Alaskan Native
- () Asian, Pacific Island
- () Black
- () White
- () Hispanic
- () Other (specify)

SEX: ()Female ()Male

SEX: ()Female ()Male