THE KAMSON CORPORATION

COMMUNITIES FOR BETTER LIVING

Country Club Towers II

140 Hepburn Road, Clifton, New Jersey, 07012 Phone Number: (973) 777-1400 Fax: (973) 777-0414

Application For Lease Must be completed in its entirety to be processed.

All verification services to be provided to COUN conditioned by the requirement that applican Applicant and customer shall sign and date t	t and customer provide the	following information	as to the i	ndividual applicants below.	Where inapplicable informat	ion is requested, mark N/A
spouse, must complete and sign.						
The undersigned hereby agrees to exc ofcommencing on (app						
Once the rental application has been approve Occupancy fee, where applicable, to reserve an form of a money order or certified check only, may retain as liquidated damages, the resideposit, or security deposit alternative an	apartment. In addition, a softher than the money paid servation fee and any oth	security deposit, or a section for the rental application of the renta	ecurity depo on. <u>Applica</u> pplicant. U	sit alternative, must be pai nt agrees that if applica pon signing the lease, tl	d upon signing of lease. All r nt fails to take possession he first month's rent and/o	nonies are to be paid in th of the premises, Landlore
The undersigned has read the foregoing and purpose of inducing approval of the be entitled to have the return of the Ihe \$50.00 fee per applicant for investigat tory that all residents purchase and maint signing, new resident must provide a copy	application in the u e reservation fee made ion of the undersigned's ain a tenant or renter's I	ndersigned's behalf. and no more, ar application is under iability insurance po	In the nd all rigi no circums	event that this appli hts of the undersigned tances refundable. Landl	cation is not approved, I shall thereupon termin ord does not provide rente	the undersigned sha ate and end absolutely r's insurance. It is manda
APPLICANT NAME				Date of birth	SS#	
First	Middle		Last			
CO-APPLICANT NAME				Date of birth	SS#	
First	Middle		Last			
App. Drivers Lic. No		_ State Co-	-App. Driv	ers Lic No		State
Other Occupants:						
Name	SS#		Age		Relationship	
Name	SS#		Age		Relationship	
APPLICANT Home Phone#		Cell Phone#_			_E-mail	
Present Address						
Street	Apt#		City		State	Zip
From:						
Dates: To:						
Present Lanc	llord/Resident Mgr.			Apt. Name/If Ho	ome-Mortgage Co. \$ Loan#	
Monthly Payment	_ Reason for moving_					
Have you ever been evicted from any	leased premises?		_ If yes, ex	xplain		
Have you ever been convicted of a feld	ony?		If yes, ex	xplain		

APPLICANT					
Previous Address					
Street	Apt#	City		State	Zip
Previous Apt. Name or Landlord				DI	
		Address		Phone	How long?
Monthly Payment	Reason for moving				
APPLICANT EMPLOYER		_Phone_	Position		
Business Address					
Street	City	State		Zip	
Supervisor	Emplo	oyed since		Gross wee	kly salary
Previous Employer		e			, ,
Business address				_	
Supervisor		oyed since		Gross wee	kly salary
Additional monthly income (if any)_					
CO-APPLICANT Home Phone#		Cell Phone#	E-m	ail	
Present Address					
Street	Apt#	City		State	Zip
From:					
Dates: To:					
Present I	.andlord/Resident Mgr.		Apt. Name/If Home-Mortgage	: Co. \$ Loan#	
Monthly Payment	Reason for moving				
Have you ever been evicted from an	y leased premises?	If yes, explai	n		
Have you ever been convicted of a f	elony?	If yes, explai	n		
CO-APPLICANT					
Previous Address					
Street	Apt#	City		State	Zip
Previous Apt. Name or Landlord					
Trevious Apt. Name of Landioru		Address		Phone	How long?
Monthly Payment	Reason for moving				
monthly rayment	Reason for moving				
CO-APPLICANT EMPLOYER		Phone	Position_		
Business Address					
Street	City	State		Zip	
Supervisor	Emplo	oyed since		_Gross wee	kly salary
Previous Employer		e			

Supervisor		E	Employed since		_Gross weekly salary		
Business address							
Additional monthly income	e (if any)	S	ource				
BANKING INFORMATION APPLICANT				CO-APPLICANT			
Bank Name and Branch			• Checking	Bank Name and Branch			Checking
Bank Name and Branch			3 Savings	Bank Name and Branch			☐ Savings
CREDIT INFORMATION							
APPLICANT							
Name	Type	Acct. No	0.	Mo	. Payment	Open 🖵 (Closed 🖵
Name							
Name					. Payment		
CREDIT INFORMATION CO-APPLICANT							
Name	Type	Acct. No	0	Mc	. Payment	Open 🖵 (Closed 🖵
Name	* *				•		
				Mc			Closed 🖵
VEHICLE INFORMATION							
Year & Make							
Year & Make		0	olor	Tag No	State	Registered to	
I or we proclaim that all of to be false, I or we unders take possession of an apar to verify all information of property owners, employer	tand that the applicat rtment; I or we acknov n the rental applicatio	ion will be d wledge that e on by all avai	enied. In the every eviction proceed ilable means, in	vent it is found that informings will commence immed	ation provided i iately, I or we a g agencies, publ	in the application outhorize Country Cl	is false after I or we ub Towers Apartments
ADDITE ANTS SIGNATURE					cu.		
						Date	
APPLICANTS SIGNATUREAPPLICATION TAKEN BY						_Date	
APPLICANTS SIGNATUREAPPLICATION TAKEN BYAPPLICATION DATEPET YES \(\bar{\text{VES}} \) NO \(\bar{\text{VES}} \)	UNIT TYPE	N	MONTHLY RENT\$		MOVE IN DATE	DateAFTER 2	PM
APPLICANTS SIGNATURE APPLICATION TAKEN BY APPLICATION DATE PET YES NO KIND	UNIT TYPEWEIGHT	N	MONTHLY RENT\$		MOVE IN DATE	DateAFTER 2	PM
APPLICANTS SIGNATURE APPLICATION TAKEN BY APPLICATION DATE PET YES NO KIND OFFICIAL USE: LEASE INFO	UNIT TYPE WEIGHT DRMATION	N	MONTHLY RENT\$	NAME	MOVE IN DATE	Date AFTER 2 TYPE?	PM
APPLICANTS SIGNATURE APPLICATION TAKEN BY APPLICATION DATE PET YES NO SIGNATURE KIND OFFICIAL USE: LEASE INFO Beginning Date	UNIT TYPEWEIGHT DRMATION	N Ending Dat	MONTHLY RENT\$	NAME Mo	MOVE IN DATE ve in date	_Date Date AFTER 2 TYPE?	PM
APPLICANTS SIGNATURE	UNIT TYPE WEIGHT DRMATION	N Ending Dat Monthly Re	MONTHLY RENT\$	NAME Mo	MOVE IN DATE ve in date rly Rental	_Date Date AFTER 2 TYPE?	PM