



Please complete the following application and return it to us either personally or via fax. Please provide your residency and employment information for the past twenty-four (24) months, as well as thirty (30) days' worth of recent consecutive pay stubs from your current employer.

APPLICATION WITH SECURITY DEPOSIT

1. There is an application fee of \$50.00 per applicant. All persons 18 years of age or over wishing to reside in the apartment must apply.
2. Certified funds equal to one month's rent, payable to *Galloway Apartments, L.P.*, will hold the apartment for you. Once your application is approved, those funds will become your security deposit.
3. Your security deposit is placed in an interest bearing escrow account.
4. Pro-rated rent is required upon execution of your lease. Pro-rated rent must be paid with certified funds. Personal checks will not be accepted for your first month's rent.
5. When you vacate your apartment, your security deposit will be returned to you less deductions for services, damages, etc.

APPLICATION WITH SURE DEPOSIT

Sure Deposit is a surety bond. It is a one-time, non-refundable fee. If you cancel for any reason, the payment to Sure Deposit is non-refundable. Upon move-out, any services or damages will be an out-of-pocket expense.

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2. Certified funds equal to one month's rent, payable to *Galloway Apartments, L.P.*, will hold the apartment for you. Once your application is approved, those funds will become your first month's rent.
3. Along with your application, a check payable to *Sure Deposit* is required. Leasing Consultant will advise you of the amount due.

**The Woods at Blue Heron Pines
1000 Bally Bunion Drive
Egg Harbor City, New Jersey 08215
Office 609.804.3300 Fax 609.804.3310**



Date _____
 Amount _____
 Move-in _____
 Lease Term _____

APPLICANT

CO-APPLICANT

Full Name _____
 Soc Sec # _____ Birth date _____
 Marital Status (Optional) _____

Full Name _____
 Soc Sec # _____ Birth date _____
 Marital Status (Optional) _____

RESIDENCY INFORMATION

APPLICANT

CO-APPLICANT

Present Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Length of Time _____ Phone _____
 Own _____ Rent _____ Mo. Payment \$ _____
 Landlord's Name _____ Phone _____
 Landlord's Address _____
 City _____ State _____ Zip _____

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 Length of Time _____ Phone _____
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 City _____ State _____ Zip _____
 Length of Time _____ Phone _____
 Own _____ Rent _____ Mo. Payment \$ _____
 Landlord's Name _____ Ph: _____
 Landlord's Address _____
 City _____ State _____ Zip _____

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 Length of Time _____ Phone _____
 Own _____ Rent _____ Mo. Payment \$ _____
 Landlord's Name _____ Ph: _____
 Landlord's Address _____
 City _____ State _____ Zip _____

EMPLOYMENT INFORMATION

APPLICANT

CO-APPLICANT

Present Employer (1) _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Position _____
 Supervisor _____ Gross Wkly Salary \$ _____
 Employment Dates: From _____ To _____

Present Employer (1) _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Position _____
 Supervisor _____ Gross Wkly Salary \$ _____
 Employment Dates: From _____ To _____

Present Employer (2) _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Position _____
 Supervisor _____ Gross Wkly Salary \$ _____
 Employment Dates: From _____ To _____

Present Employer (2) _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Position _____
 Supervisor _____ Gross Wkly Salary \$ _____
 Employment Dates: From _____ To _____

Other Income: \$ _____ Source _____
 \$ _____ Source _____

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 \$ _____ Source _____

Previous Employer _____
Address _____
City _____ State _____ Zip _____
Phone _____ Position _____
Supervisor _____ Gross Weekly Salary \$ _____
Employment Dates: From _____ to _____

Previous Employer _____
Address _____
City _____ State _____ Zip _____
Phone _____ Position _____
Supervisor _____ Gross Weekly Salary \$ _____
Employment Dates: From _____ to _____

Current Monthly Obligations (car payments, loans, credit cards, etc.)

Owed to _____ Monthly Payment \$ _____
Owed to _____ Monthly Payment \$ _____
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Owed to _____ Monthly Payment \$ _____
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Make and Model of Vehicle _____
Tag Number _____ State of Issue _____
Driver's License Number _____ State _____

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Tag Number _____ State of Issue _____
Driver's License Number _____ State _____

Emergency Contact (person not living with you):
Name _____ Phone _____
Address _____

Emergency Contact (person not living with you):
Name _____ Phone _____
Address _____
Address _____

OCCUPANTS OF APARTMENT UNDER 18 YEARS OF AGE

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets (Only fish and birds are permitted)

Applicant(s) certifies and represents that all information on this application is correct: that he/she is not breaking his/her lease, that he/she has paid his/her rent/mortgage in a timely fashion; that he/she has received no notices of Lease Termination or Eviction; that he/she has not filed for bankruptcy within the past three (3) years; and is presently financially solvent; and that no adverse credit information is on record except as follows:

Applicant(s) understands that:

- The actual date of possession is subject to completion of the apartment desired or the vacating of the previous resident. Owner cannot guarantee occupancy date.
- A photo ID is necessary to complete this application.
- Any false information will constitute grounds for rejection of the application.

ADMINISTRATIVE FEE

Applicant(s) is submitting the sum of \$50.00 per applicant, which is a non-refundable payment for a credit check, criminal check and processing charge, receipt of which is acknowledged by management. Anyone 18 years of age and over wishing to reside in the apartment must apply. In the event this application is not approved, this sum will be retained by management to cover the cost of processing the application. This must be signed before it can be processed by management.

SECURITY DEPOSIT

Applicant(s) is depositing \$ _____ with management as a deposit in connection with this Lease Application. If this application is approved, this deposit is non-refundable. If this application is approved and you cancel for any reason, this deposit is non-refundable. If this application is not approved, this deposit will be refunded in full.

AUTHORIZATION TO OBTAIN INFORMATION

Applicant(s) authorizes Lessor to verify the accuracy of all statements in this application, and also authorizes all employers, previous landlords, and creditors to release all information concerning application or applicant's account(s) for the purpose of verifying this application and determining applicant's ability to qualify for the contractual obligations of the lease. This authorization shall continue during the term of the lease or any renewal of the lease. Applicant releases all persons delivering this information from any inadvertent error.

SIGNATURE _____ DATE _____
SIGNATURE _____ DATE _____



I / We are hereby depositing the sum of \$ _____ with The Woods at Blue Heron Pines to reserve apartment # _____.

It is anticipated that this apartment will be available on _____.
I / We agree to take occupancy no later than _____.

I / We understand that this fee is not refundable under any circumstances. If my application is not approved, this fee will be returned in full. If I cancel for any reason, all monies will be forfeited. Upon move-in to the apartment referenced above, this fee will either be converted into your security deposit or if you opt to do Sure Deposit, it will be applied to your first month's rent.

Signature

Date Signed

Printed Name

Signature

Date Signed

Printed Name

Signature of an Agent for The Woods

Date Signed

Printed Name

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Egg Harbor City, New Jersey 08215
609.804.3300 fax 609.804.3310