

Alexa Management Corporation

9 Mill Street, Paterson, New Jersey 07501 Tel: (973) 684-0678 Fax (973) 523-8726

PRE-APPLICATION FOR APARTMENT RENTALS

1. List each person who would live with you.

LAST NAME	FIRST NAME	D.O.B.	AGE	SEX	RELATIONSHIP TO YOU	YEARLY INCOME
		/ /			Head of Household	
		/ /				
		/ /				
		/ /				
		/ /				
		/ /				

2. Apartment size requested. STUDIO 1 BR 2 BR 3 BR

3. Are **ALL** members of your household full-time students? Yes No

4. Will **ALL** members of your household become full-time students during any 5 months of this year? Yes No

5. Will **ALL** members of your household be full-time students during any 5 months of next year? Yes No

6. Is ANY ADULT member of your household a part or full time student in an institute of higher education? Yes No

If yes, who is enrolled? _____ Which school are they enrolled in? _____

How do they pay for their education? _____

What is the cost of tuition per semester? \$ _____

7. Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*? Yes No

If yes, who will be enrolling in school? _____

If yes, will they be enrolling as a full-time or part-time student? _____

8. Does anyone live with you now that is not listed above? Yes No

9. Does anyone plan to live with you in the future that are not listed above? Yes No
If you answered yes to either #8 or # 9, please explain _____

10. Current address: _____ City _____ State _____ Zip Code _____

Daytime phone _____ Evening Phone _____

email address: _____

11. Name & Address of Head of Household employer.

Name _____ Address _____

City _____ State _____ Zip Code _____

How long? _____ months _____ years

12. Employer for Co-Tenant

Name of Company _____ Address _____

City _____ State _____ Zip Code _____

How long? _____ months _____ years

13. Does anyone in your household receive

SSI/SSD Yes No If yes, received by _____ Amount \$ _____

Pension Yes No If yes, received by _____ Amount \$ _____

Child Support Yes No If yes, received by _____ Amount \$ _____

weekly every two weeks monthly

Disability Yes No If yes, received by _____ Amount \$ _____

Section 8 Yes No If yes, received by _____ Amount \$ _____

TANF Yes No If yes, received by _____ Amount \$ _____

14. Has anyone listed above been convicted of a crime? Yes No

If yes, please explain _____

15. Do you have any pending or previous eviction proceedings? Yes No

16. Is the head of household or spouse handicapped or disabled? Yes No

17. For statistical purposes only, please check one box indicating the Ethnicity of the Head of Household:

Black

White

Hispanic

Other

APPLICANT CERTIFICATION: I certify that the statements made above on this pre-application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

Signature of Head of Household Date

Signature of Co-Tenant Date

Other adult household member Date