

Zion Court APARTMENTS

For These Apartments

Apply here online at zioncourtnj.com
 -or- Fill out the application and mail to:
 Zion Court Apartments
 446-60 E. 19th St.
 Paterson, NJ 07524
 (973) 594-0058
 -or- Fax Toll Free to: 877-930-2144
 -or- email a signed application to samsplace@tmo.com

Bedrooms Desired

2BR 3BR

APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Email Address _____ Social Security # _____ Date of Birth ____/____/____
 Street Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Home Telephone _____ Work Telephone _____ Mobile Telephone _____
 Please fill in your previous address here (if at current address for less than 2 years)
 Street Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Employment Information: Employer _____ How Long Employed? _____
 Employer/ Company Address _____ Supervisor's Name _____
 Choose One: Annual Gross Income _____ Weekly Gross Income _____ Monthly Gross Income _____
 Other Sources of Income _____
 Gross Income Last Year _____ Expected Gross Income This Year _____

CO - APPLICANT INFORMATION (if applicable)

Last Name _____ First Name _____ Middle Initial _____
 Email Address _____ Social Security # _____ Date of Birth ____/____/____
 Street Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Home Telephone _____ Work Telephone _____ Mobile Telephone _____
 Please fill in your previous address here (if at current address for less than 2 years)
 Street Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Employment Information: Employer _____ How Long Employed? _____
 Employer/ Company Address _____ Supervisor's Name _____
 Choose One: Annual Gross Income _____ Weekly Gross Income _____ Monthly Gross Income _____
 Other Sources of Income _____
 Gross Income Last Year _____ Expected Gross Income This Year _____

ADDITIONAL OCCUPANTS TO BE LIVING IN THE APARTMENT

(include everyone that will be living in the apartment including co-applicant)

| Name | Social Security # | Sex | Date of Birth | Relation to Applicant | Full-Time Student (Y or N) |
|-------|-------------------|-------|---------------|-----------------------|----------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |



CURRENT LANDLORD

Name _____
Building Address & City _____
Landlord Address & City _____
Telephone Number _____
Rent _____ Number of Years _____

PREVIOUS LANDLORD

Name _____
Building Address & City _____
Landlord Address & City _____
Telephone Number _____
Rent _____ Number of Years _____

RENTAL SOURCES

Will any of your rent money come from sources other than the employment listed above? Yes No

If yes, please list other sources of income or rent payments:

| Income Source | Monthly Amount | Income Source | Monthly Amount | Income Source | Monthly Amount |
|------------------|----------------|---------------|----------------|-----------------|----------------|
| Social Security: | _____ | Alimony: | _____ | Regular Cash | _____ |
| Pension: | _____ | Disability: | _____ | Contrib.: | _____ |
| SSI: | _____ | Unemployment: | _____ | Self-Employment | _____ |
| Child Support: | _____ | Other: | _____ | | |

Gross Monthly Income from all sources from all Household Members 18 or older _____

Do you as head of household or member of your house require a reasonable accommodation? Yes No
(Mark yes only if you currently receive SSI or SSD Benefits from the Social Security Administration or otherwise have a verifiable disability.)

RACE/ETHNIC/LANGUAGE BACKGROUND OF APPLICANT

The following information is required for statistical purposes by the United States Department of Housing and Urban Development to insure non-discriminatory practices in the program. Providing this information is wholly voluntary and will not affect qualification in any way.

RACE

Black/African American

White

Asian

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native

Other _____

Is Primary Language Spoken by Head of Household English? Yes No

If no, please check the language spoken:

Spanish

Chinese

Korean

Russian

Italian

Other _____

How did you hear about us? _____

Signature Clause: I / we represent and acknowledge that the landlord considers all information to be material in nature and understand that if selected for occupancy any false statements and/or information provided will be deemed material non-compliance with my lease and grounds for eviction. I / we understand that the above information is being collected to determine my/our eligibility. I / we certify that the statements made in this pre-application are true and complete to the best of my / our knowledge and belief. I / we understand that false statements or information are punishable under Federal law. I / we authorize Michaels Management - Affordable LLC, Regan Development Corporation and/or 446-60 East 19th Street URLP, as the agent for the owner of this property, to complete the following as part of the screening process in accordance with the Resident Selection Plan: Credit Checks.

SIGNATURE OF APPLICANT _____ Date _____

SIGNATURE OF CO-APPLICANT _____ Date _____

SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

All people 18 years and over must sign application

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 973-594-0058

