

Application



SENIOR
HORIZONS
at Clifton

Return to:
Senior Horizons at Clifton, LLC
714 Clifton Ave, Clifton, NJ 07013
Phone: (973) 594-0058 Fax: (973) 594-0059

APPLICANT INFORMATION

Mr. Mrs. Ms. Last Name _____ First Name _____ Middle Initial _____

Social Security # _____ Date of Birth ____/____/____

Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____ Email Address _____

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 _____

Total Gross Income Earned by Applicant Last Year _____

CO - APPLICANT INFORMATION (if applicable)

Mr. Mrs. Ms. Last Name _____ First Name _____ Middle Initial _____

Social Security # _____ Date of Birth ____/____/____

Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____ Email Address _____

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 _____

Total Gross Income Earned by Co-Applicant Last Year _____

A D D I T I O N A L O C C U P A N T S T O B E L I V I N G I N
T H E A P A R T M E N T

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

First Name	Last Name	Age	Sex	Relation to Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Gross Household Income Last Year _____

C U R R E N T L A N D L O R D P R E V I O U S L A N D L O R D

C U R R E N T L A N D L O R D	P R E V I O U S L A N D L O R D
Name _____	Name _____
Building Address & City _____	Building Address & City _____
Landlord Address & City _____	Landlord Address & City _____
Telephone Number _____	Telephone Number _____

R E N T A L S O U R C E S

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:

Source of Income	Monthly Amount
1. SOCIAL SECURITY: _____	_____
2. PENSION : _____	_____
3. OTHER: _____	_____
4. OTHER: _____	_____

How did you hear about us? _____

I agree to authorize Interstate Realty Management Company, Regan Development Corporation and/or Senior Horizons at Clifton, LLC or their agents to use this copy of my signature as an approval to verify my credit, employment, assets and former tenancies, in conjunction with my application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

SIGN ATURE OF APPLICANT _____ Date _____

SIGN ATURE OF CO-APPLICANT _____ Date _____

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

