

Application



Return to:
Senior Horizons at Bayonne, LLC
74 Lexington Avenue, Bayonne, NJ 07002
Phone: (973) 297-1888 Fax: (973) 297-0030

A P P L I C A N T I N F O R M A T I O N

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 _____

C O - A P P L I C A N T I N F O R M A T I O N (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

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 Bayonne, 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.

SIGNATURE OF APPLICANT _____ Date _____

SIGNATURE OF CO-APPLICANT _____ Date _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (973) 297-1888



Income Restrictions Apply • An Equal Housing Opportunity

