



COCCIA REALTY, INC. RENTAL APPLICATION ATTN: _____

KEARNY
636 Kearny Ave.
Kearny, NJ 07032
201-997-7000
201-997-1663 Fax

LYNDHURST
273 Ridge Road
Lyndhurst, NJ 07071
201-939-8900
201-939-8910

RUTHERFORD
11 Park Avenue
Rutherford, NJ 07070
201-939-0001
201-939-0043

"Renting and
Selling Homes
Since 1961..."

www.cocciarealty.com

All Information must be completed in full or application will not be processed. This application is not to be construed as a reservation of an apartment. All binding reservations and commitments of an apartment are made solely at the discretion of the landlord.

Applicant(s) hereby agree(s) to allow Coccia Realty or its representatives to check and obtain credit information concerning applicant(s) including, but not limited to, former Landlord references, Employment verification, information derived from a credit bureau and relay said information to landlord who shall consider information obtained from credit bureau, references and from information provided by applicant below in their decision of renting premises to applicant(s)

(Please initial) _____

APPLICANTS FULL NAME: _____ DOB ___/___/___ SS# _____

CO-APPLICANTS FULL NAME: _____ DOB ___/___/___ SS# _____

LIST ANY OTHER PERSONS TO OCCUPY UNIT (NAMES, AGES, AND RELATIONSHIPS, if any): _____

PRESENT ADDRESS: _____ TOWN _____ STATE _____ ZIP _____

Previous address (if less than 2 yrs) _____ TOWN _____ STATE _____ ZIP _____

PHONE NUMBER: (_____) _____ WORK NUMBER: (_____) _____

HOW MANY YEARS AT THIS ADDRESS _____ CURRENT RENT: _____ Reason for Moving _____

LANDLORD NAME: _____ TEL#: _____

EMPLOYMENT INFORMATION

APPLICANTS EMPLOYER _____

CO-APPLICANTS EMPLOYER _____

ADDRESS _____ TOWN _____ ZIP _____

ADDRESS _____ TOWN _____ ZIP _____

POSITION _____ TEL # _____

POSITION _____ TEL # _____

YEARS EMPLOYED _____ ANNUAL SALARY _____

YEARS EMPLOYED _____ ANNUAL SALARY _____

FORMER EMPLOYER (If less than 2 yrs) _____

FORMER EMPLOYER (If less than 2 yrs) _____

ADDRESS _____ TOWN _____ ZIP _____

ADDRESS _____ TOWN _____ ZIP _____

POSITION _____ TEL # _____

POSITION _____ TEL # _____

YEARS EMPLOYED _____ ANNUAL SALARY _____

YEARS EMPLOYED _____ ANNUAL SALARY _____

OTHER MONTHLY INCOME & TYPE _____

OTHER MONTHLY INCOME &TYPE _____

Emergency Contact Info (Not Applicants) _____

Name Address Tel #

MONTHLY OBLIGATIONS: AUTO _____ CREDIT CARD (Monthly Total) _____ Child Support/Alimony _____

OTHER MONTHLY LOANS: _____

APPLICANTS AUTOMOBILE:
MAKE MODEL YEAR PLATE#

CO-APPLICANT AUTOMOBILE:
MAKE MODEL YEAR PLATE#

DRIVERS LICENSE # EXP. DATE:

DRIVERS LICENSE # EXP. DATE:

TOTAL ROOMS NEEDED _____ # OF BEDROOMS NEEDED _____ MAXIMUM RENT W/HEAT _____ MAX RENT Without HEAT\$ _____

TYPE DWELLING WANTED: () 1 FAM () 2 FAM () MULTI FAMILY FLOOR PREFERRED: _____ DATE NEEDED: _____

TOWNS DESIRED: _____ LIST ALL PETS: _____

The undersigned applicant(s) hereby certify that the aforementioned statements are correct and is (are) aware that any misstatement or false information provided shall consult grounds for rejection of application by landlord and/or immediate Eviction of applicants(s), including persons co-habiting with applicants(s)

COCCIA REPRESENTATIVE _____ DATE _____

APPLICANT _____ DATE _____

TENANT TO RECEIVE A COPY OF THIS APPLICATION

CO-APPLICANT _____ DATE _____