THE HAMILTON @ RU
OFF CAMPUS STUDENT HOUSING

SUDIA ASSOCIATES LLC
PROPERTY MANAGEMENT

The Hamilton @ RU - Non-Tenant Parking Application

Sudia Associates, LLC - 100 Hamilton Street, New Brunswick NJ 08901

- Name of Applicant:_____
- Applicant Permanent Address (On License):_____
- How Long Have You Lived at this Address?:_____
- Date of Birth: (mm/dd/yy):_____
- Applicant's Email Address:_____
- Applicant's Cell Phone Number:_____
- Applicant's Home Phone Number:_____
- Applicant's Drivers License Number:_____

(A copy of both the Front and Back of the Applicant's Drivers License must be submitted in order for the application to be processed)

- First Emergency Contacts Name:_____
- First Emergency Contacts Phone:_____
- First Emergency Contacts Address:_____
- Second Emergency Contacts Name:_____
- Second Emergency Contacts Phone:_____
- Second Emergency Contacts Address:_____
- Have you ever filed for bankruptcy?
    - (Check One): Y☐ N☐
- **Have you ever been or are currently being evicted?**
    - **(Check One): Y☐ N☐**
- Have you ever been sued for non-payment of rent or damage to a residence?
    - (Check One): Y☐ N☐

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Parking Lease Type Interested In (Dropdown Menu):

9 Month Lease - 9/1/27 - 5/31/28 - $245/month :

I, _____ (Print Name), agree that all of the above information is true and accurate. I agree to allow Sudia Associates, LLC to conduct an informal background check prior to offering me and/or my future roommates a lease.

_____

Applicant Signature Date

_____

Applicant Print Name Date