THE HAMILTON @ RU
OFF CAMPUS STUDENT HOUSING

SUDIA ASSOCIATES LLC
PROPERTY MANAGEMENT

The Hamilton @ RU - Tenancy Application

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

- Name of Applicant:_____
- Applicant Home Address (On License):_____
- How Long Have You Lived at this Address?:_____
- Date of Birth: (mm/dd/yy):_____
- Applicant Email Address:_____
- Applicant Cell Phone Number:_____
- Applicant Home Phone Number:_____
- Applicant Contacts Drivers License Number:_____
- **(A copy/photo 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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- Apartment Type Seeking (Choose Apartment Types Below)
  - 1st Choice: Studio ◯ 1 BR ◯ 2 BR ◯
    - Unit and/or Layout Preference:_____
  - 2nd Choice: Studio ◯ 1 BR ◯ 2 BR ◯
    - Unit and/or Layout Preference:_____
  - 3rd Choice: Studio ◯ 1 BR ◯ 2 BR ◯
    - Unit and/or Layout Preference:_____
- Will you be needing a parking spot? (Check One) Y ☐ N ☐

- 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.
  - Roommate 1 Name (if applicable):_____
  - Roommate 2 Name (if applicable):_____
  - Roommate 3 Name (if applicable):_____

_____

Applicant Signature Date

Russell Lorring, Operations Manager
Sudia Associates, LLC
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