



The Hamilton @ RU - Tenancy Application

**Sudia Associates, LLC
100 Hamilton St.
New Brunswick NJ 08901**

Name of Applicant:

Applicant Home Address:

How Long Have You Lived at this Address?:

Date of Birth: *(mm/dd/yy)*

Applicant Email:

Applicant Cell Phone number:

Applicant Home Phone number:

Applicant Contacts Drivers License#:

(A copy must be submitted in order for the application to be processed)

Emergency Contacts Name:

Emergency Contacts Phone:

Emergency Contacts Address:

Have you ever filed for bankruptcy? *(Choose One)* Y N

Have you ever been or are currently being evicted? *(Choose One)* Y N

Apartment Type Seeking *(Choose Apartment Types Below)*

1st Choice: Studio 1 BR 2 BR

2nd Choice: Studio 1 BR 2 BR

3rd Choice: Studio 1 BR 2 BR

Will you be needing a parking spot? *(Choose One)* Y N

Have you ever been sued for non-payment of rent or damage to a residence?
(Choose 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:

Roommate 2 Name:

Roommate 3 Name:

Applicant SignatureDate

Russell Lorrington, Property Manager
Sudia Associates, LLC
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