



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? Circle One: Y N

Have you ever been or are currently being evicted? Circle One: Y N

Apartment Type Seeking (Circle 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? Circle One: Y N

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

Circle 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 Signature Date

Russell Loring, Property Manager
Sudia Associates, LLC
732-672-4868
Sudiaelectric1016@gmail.com