



180 Franklin Corner Road
Lawrenceville, NJ 08648

609-896-1086
<http://LawrencevilleGardens.com>



A RENTAL COMMUNITY

Lawrenceville
GARDENS



Manhattan Management Company, L.L.C.
180 Franklin Corner Road
Unit C, Suite 3
Lawrenceville, NJ 08648
(609) 896-1086

Application Procedure

1. Application must be completely filled out. Omissions or any false statements will result in disqualification.
2. A Fifty dollar (\$50.00) fee per adult applicant must be submitted with the fully completed application. Payment, made payable to MANHATTAN MANAGEMENT CO. L.L.C., should be made in the form of check or money order only. No cash can be accepted.
3. Copies of a valid driver's license and social security card for each applicant must be submitted with the application.
4. Copies of three consecutive pay stubs, or a letter of intent from a new employer verifying salary, must be submitted. If self-employed, a quarterly tax filing and recent tax return must be submitted. If Retired or permanently disabled, proof of income and current bank statement must be submitted.
5. A signed and dated Statement of Rental Policy must be submitted with the application package. Apartments are rented on a first-come, first-served basis; therefore the application should be submitted as soon as possible. Our office hours are Monday through Friday from 9am to 5pm. You may mail the application to 180 Franklin Corner Road Suite C3, Lawrenceville, NJ 08648 or you can use the mail slot on the front door of our office. The application process takes approximately 3-5 business days to complete.

Statement of Rental Policy

Each applicant must be at least 18 years of age.

Income requirements:

- *Single applicant – must meet or exceed the total monthly rent with 1.5 weeks pay.*
- *Two applicants – must meet or exceed the total monthly rent with 1 weeks pay.*
- Limit of two (2) people per one (1) bedroom apartment.
- Limit of three (3) adults or two (2) adults and two (2) children per two (2) bedroom apartment.
- Limit of two (2) pets per apartment *not over a combined weight of 50 pounds, full grown.*
*Certain dog breeds are not permitted on the property. (Pit-bull*German Shephard*Rottweiler*Siberian Husky*Alaskan Malamute*Doberman Pinscher*Chow-Chow*Great Dane*St. Bernard*Wolf-hybrids*American Bulldogs*Akita*Presa-Canario*Shar-Pei*Mastiff* or any other large/aggressive breeds not mentioned.)*
Additional \$500 pet fee is required of which \$400 is refundable. No fish tanks in upstairs apartments unless standard pet fee is paid.
- Security Deposit, initial rent, and fee payment must be in the form of a **money order or certified check** ONLY. No personal checks or cash will be accepted, without exception.
- Eligibility requirements are based on verification of employment and salary as well as results from credit history and prior rental history.

I have read, understand, and will comply with this statement of rental policy.

Applicant

Applicant

Application (Please print clearly and answer all questions)

I am applying for a: ☐ 1 bedroom ☐ 2 bedroom

Desired move in date: ____/____/____ Email: _____

Phone number where I may be reached:

Day: _____ Evening: _____ Cell: _____

List all people who will be living in the apartment below:

	Name	Relationship	Age	Birth Date	SSN #
1		Applicant			
2		☐ ☐			
3					
4					

Please tell us about your pets (limit of 2): Photo
Required

Description:

Dog/Cat/Other | Name _____ Breed _____ Size/Wgt _____

Dog/Cat/Other | Name _____ Breed _____ Size/Wgt _____

List vehicles to be parked on the premises:

Color _____ Make/Model _____ Year ____ Plate # _____ State _____

Color _____ Make/Model _____ Year ____ Plate # _____ State _____

In case of emergency:

Full name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

How did you learn about Lawrenceville Gardens?

- ☐ Newspaper
- ☐ Internet
- ☐ Craigslist.com
- ☐ Rent.com
- ☐ Driving by

- ☐ Referral by non-resident
- ☐ Referral by resident*
- ☐ Yellow Pages
- ☐ Apartments.com
- ☐ Other: _____

*Name of referring resident (optional): _____

Each applicant must submit the following items:

1. Current pay stubs, or last year's tax return and/or last quarterly tax statement, if self-employed.
2. A copy of Driver's License and Social Security Card.

Applicant #1				
Name:	S.S.#:	Birth date:	Age:	Phone:
Current Address:	City:	State:	Zip:	How Long:
Valid Driver's License No.:	Lic. State:			

Current Employment Information

Employer:	Supervisor's Name:	Your Position:	Start Date:	Gross Weekly Pay:
Address:	City:	State:	Zip:	Supervisor's Phone:

Former Employment Information

Employer:	Supervisor's Name:	Your Position:	How Long:	Gross Weekly Pay:
Address:	City:	State:	Zip:	Supervisor's Phone:

Current Rental Information

Move-in Date:	Monthly Rent:	Landlord's Name:	Landlord's Phone:
Lease Expiration Date:	Reason for Move:		

Applicant #2				
Name:	S.S.#:	Birth date:	Age:	Phone:
Current Address:	City:	State:	Zip:	How Long:
Valid Driver's License No.:	Lic. State:			

Current Employment Information

Employer:	Supervisor's Name:	Your Position:	Start Date:	Gross Weekly Pay:
Address:	City:	State:	Zip:	Supervisor's Phone:

Former Employment Information

Employer:	Supervisor's Name:	Your Position:	How Long:	Gross Weekly Pay:
Address:	City:	State:	Zip:	Supervisor's Phone:

Current Rental Information

Move-in Date:	Monthly Rent:	Landlord's Name:	Landlord's Phone:
Lease Expiration Date:	Reason for Move:		

The undersigned fully understands that there is an application fee which will be used to process the application and is non-refundable. A Holding Fee is required after the applicant has been accepted and is due and payable immediately upon notification of acceptance. Said holding fee will not be refunded if the applicant cancels after being accepted, and/or applicant falsifies any information on this application.

CERTIFICATION

I/We hereby certify that the statements made herein are true, to the best of my/our knowledge, information, and beliefs. I/We am/are aware that if any of the statements are false, my/our residency or application monies paid (deposits, etc.) will be retained by Management for losses incurred. I/We hereby authorize Manhattan Management Company, L.L.C. to do a rental and credit check through the agency of their choosing. I understand that this application will be denied if Applicant has poor credit or if information can not be verified. I do hereby agree to hold harmless the said authorized agent from any causes resulting from the decision of this application.

Applicant

Date_____

Second Applicant

Date_____

Agent for MMC, LLC

Date_____

For Office Use Only:

HUD Code: M / F 1 - 8 1 - 9 1 - 10 1 - 11 1 - 12

N.J.S.A. 10:5-8 (i) Information	Apartment promised:	Floor:
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Move-In Date:	Apartment Number:	Rent:
Term of Lease:	Security:	Lease Signer:
Pet Fee:	Total Required:	Spoke to Applicant:
Application Accepted:	Total Due:	Received by:
Application Rejected:	Deposit Refunded:	Less Deposit:

Flooring: BB MU HW **Amenities:** KI BW BR WD SS

Rental Verification

Tenant – Please sign below to grant permission for rental verification

Landlord – Please fill in the information and return to Manhattan Management Co, LLC via fax (609)896-1364

Tenant's name: _____

Address: _____

Length of residency: _____

Date of lease expiration: ____ / ____ / ____

Rent amount: \$ _____

Number of late payments or NSF checks in the past 12 months: _____

Does the tenant have a pet on the property? ____ NO ____ YES

If yes, has the pet, at any time, been a nuisance or disturbance? ____ NO ____ YES

Has the tenant complied with all community policies? ____ NO ____ YES

If no, what was the nature of the violation?

Would you rent to him/her again? ____ NO ____ YES

If not, why?

Verifier's Signature _____ Title _____

BY SIGNING THIS FORM, PERMISSION IS GRANTED TO SUPPLY THIS INFORMATION TO

MANHATTAN MANAGEMENT COMPANY, LLC:

SIGNATURE: _____

DATE: _____

Smoke-Free Resident Application Addendum

IT IS UNDERSTOOD AND AGREED THAT: This Addendum shall become a part of the Resident Application at LVG Apartments. A breach of this Lease Addendum shall give each party all the rights contained herein, as well as the rights in the Lease.

Purpose of No-Smoking Policy

The parties desire to mitigate (1) the irritation and known health effects of secondhand smoke; (2) the increased maintenance, cleaning and redecorating costs from smoking; (3) the increased risk of fire from smoking; and (4) the higher costs of fire insurance for a non-smoke-free building.

Definition of Smoking

The term "smoking" means inhaling, exhaling, breathing, or carrying any lighted cigar, cigarette, or other tobacco product or similar lighted product in any manner or in any form.

Smoke-Free Apartment

Resident agrees and acknowledges that the premises to be occupied by Resident and members of Resident's household have been designated as a smoke-free living environment. Resident and members of Resident's household shall not smoke anywhere inside the apartment rented by Resident.

Resident to Promote No-Smoking Policy and to Alert Landlord of Violations

Resident shall inform Resident's guests of the no-smoking policy. Further, Resident shall promptly give Landlord a written statement of any incident where tobacco smoke is entering into the Resident's unit from sources outside of the Resident's apartment unit.

Smoke-Free Environment

Resident acknowledges that a Smoke-Free policy has been adopted by the Landlord. Landlord's adoption of a smoke-free living environment, and the efforts to designate the building as smoke-free, do not make the Landlord or any of its managing agents the guarantor of the Resident's health or of the smoke-free condition of the Resident's unit and the common areas.

Effect of Breach and Right to Terminate Lease

In addition to any and all other remedies of Landlord in this Lease or by law or equity provided, Landlord shall have the following additional remedies upon default of Resident:

- A. Impose and charge Resident fines, as Additional Rent. Fines are assessed at \$50 for the first violation, \$100 for any subsequent violations.
- B. Charge Resident, as Additional Rent, costs incurred by Landlord to cure the violations. The Resident shall be responsible for all damages due to smoking-related activities including but not limited to carpet replacement, repainting, and cleaning.
- C. Give notice(s), as required by law, and take possession of the Apartment Unit by means of summary eviction proceedings
- D. Charge Resident, as Additional Rent, the costs associated with re-renting the Apartment Unit in the event the Resident vacates or is evicted from the Apartment Unit due to material breach.

Disclaimer by Landlord

Landlord cannot and does not warranty or promise that the rental premises or common areas will be free from secondhand smoke and does not guarantee that the non-smoking policy will increase safety, enhance habitability or improve air quality. Resident acknowledges that Landlord's ability to police, monitor, or enforce the agreements of this Addendum is dependent in significant part on voluntary compliance by Resident and Resident's guests. Residents with respiratory ailments, allergies, or any other physical or mental condition relating to smoke are put on notice that Landlord does not assume any higher duty of care to enforce this Addendum than any other Landlord obligation under the Lease.

This ADDENDUM is incorporated into the Resident Application this day between Landlord and Resident.

As Resident(s):

As Agent for Owner:

By: _____

By: _____

By: _____

Date: _____ / _____ / _____

Resident Insurance Requirements Lawrenceville Gardens Apartments

Per Lawrenceville Gardens Apartments Policy, all residents prior to move in and renewal, must provide Lawrenceville Gardens Apartments with proof of minimum \$300,000 in liability insurance.

The policy should include the following;

- Coverage must be for at least \$300,000 in liability
- The community and it's address must be detailed as the location of residence insured.
- **Lawrenceville Gardens Apartments and Manhattan Management Co. LLC 4134 South Broad St. Yardville NJ must be listed as a certificate holder.**
- The terms of the coverage must be at least the length of the lease term.
- The policy must have a clause stating that Lawrenceville Gardens Apartments will receive a 30 day notice prior to termination.

Processing the insurance Certificates:

- The resident must provide the community proof of insurance in the form of an insurance certificate, policy document, or policy declarations page.
- If a resident is not compliant with the insurance requirement, resident will receive a letter informing them of their failure to comply. If within two weeks the resident has not provided proof of current insurance, a fine will be assessed on the resident's rental account. This will remain in effect until proof of insurance is provided.
- Proof of the required insurance must be received prior to issuing apartment keys, or signing a renewal.

Some reliable Sources, that are only a reference, are listed below. You are free to use any carrier that is able to provide adequate coverage.

Joseph T. Chascsa

Farmers Insurance
951 Haddonfield Rd Fl 2
Cherry Hill, NJ 08002-2783
856-558-2611 (Cell)
856-356-1848 (Fax)

Valerie Journeigan

State Farm Agent
2902 Route 130 ste 4
Delran, NJ 08075-2525
Phone: (856) 461-2222
Fax: (856) 461-8855
Valerie.journeigan.kqu9@statefarm.com

Animal Identification Form

Type of animal_____

Breed_____

Age_____Approximate Weight_____

Color_____

Describe any special training or cettifications

Has the animal ever been reported to authorities (police, animal control) for any incident or for any reason?_____ If yes, please provide details.

Animals may not be in the common areas of the community unless on a leash or an approved device based upon the animal's certification.

Animals may be restricted from specific areas.

The animal's owners are responsible for cleaning up after the animal and for any damage done by the animal.

Animals may not disturb the peaceful and quiet enjoyment of the other tenants.

The Community may have other regulations and rules relating to animals.

I affirm that the animal is in compliance with au state and local laws concerning animals.

I have read the rules and regulations concerning animals (both above and those policies of the community), and agree to their terms.

Signature

Date