

Brooklawn Gardens
200 Central Ave
Mountainside, NJ 07092

National Tenant Network
PO Box 1664, Lake Grove, OR 97035
P: 1-800-228-0989 F: 1-800-340-1116

\$65 Application fee per Applicant

No Personal Checks Accepted. Fees are **Non-Refundable**

This authorization form is valid for no longer than seven (7) years. During the 7-year period, Brooklawn Gardens can randomly check tenant credit without further authorization notice

Initial/Date

Print Applicant Name

Last

First

Initial

SSN

Date of Birth

Monthly Income: \$ _____

I certified that the above information is correct and complete. I hereby authorize Brooklawn Gardens to make any inquiries they feel necessary to evaluate my application for tenancy. If I rent the unit, I understand that the information contained on this form and rental agreement may be maintained in a tenant performance database for up to seven (7) years after I vacate the premises.

Applicant Signature

Address

City, State, Zip

Previous Address

City, State, Zip

Print Applicant Name

Last

First

Initial

SSN

Date of Birth

Monthly Income \$ _____

Applicant Signature

Address

City, State, Zip

Previous Address

City, State, Zip

Applicant accepted? Yes ___ No ___ Move in Date: _____ Apartment: _____