

OXMEAD PROPERTIES TOWNHOUSE RENTAL APPLICATION

Landlord
Oxmead Properties, LLC
Andrew and Sharon Bishop
P.O. Box 217
Burlington, NJ 08016-0217
(609) 261-6670

Tenant
Name: _____
Address: _____
Phone: _____
Email: _____

This Application represents a request to rent a four bedroom townhouse located at 116 W. Morning Glory Rd., Wildwood Crest, NJ 08260. Minimum Rental terms may apply during summer months. Rental periods are from Saturday to Saturday (unless otherwise stated).

Desired date of occupancy: _____.
Desired length of occupancy: _____.
No. of Bedrooms: **Four (4) (Four bedrooms).**
Maximum Occupancy: **Eight (10).**

Please make all checks payable to **Oxmead Properties, LLC** and mail to the address above.

An application/security deposit totaling \$500.00 (US currency) is due with the completion of this documentation. This deposit is refundable within 30 days from check out date upon satisfactory inspection of the premises.

The deposit will be returned to the Applicant if the Premises are not rented to the Applicant. **NO REFUNDS** for cancellations within 60 days of check in date.

The Applicant understands that if this Application is accepted and the Applicant fails to execute a Lease before the beginning date specified above, or to pay the required deposits and advanced rent, the application/security deposit will be forfeited as liquidated damages.

It is also understood that if the Application is not accepted, or if the premises are not ready for occupancy by the Applicant on the beginning date specified above, the deposit shall be returned to the Applicant, upon the Applicant's request.

APPLICANT INFORMATION

Name: _____

No. of occupants: **Adults: _____ Children: _____**
Water bed: **NOT Permitted**
Smokers: **Smoking is NOT Permitted**
Pets: **NOT Permitted**

PRESENT ADDRESS: _____

How long at present address: _____

Home Phone No.: (____)_____

Landlord's Name: _____

Phone No.: (____)_____

PRIOR ADDRESS: _____

How long at prior address: _____

Landlord's Name: _____

Phone No.: (____)_____

Reason for moving: _____

CURRENT EMPLOYER:

Employer: _____

Position: _____

How long: _____

Supervisor: _____

Business Phone: (____)_____

PERSONAL REFERENCES:

Name: _____

Address: _____

Phone No.: (____)_____

Relationship: _____

I represent that the information provided in this Application is true and correct to the best of my knowledge. Andrew and Sharon Bishop are authorized to verify the references and employment information given in this Application.

Applicant's Signature

Date

The information provided by the prospective tenant(s) may be used by Andrew and Sharon Bishop to determine whether to accept this Application. Upon written request within 10 days, Andrew and Sharon Bishop will disclose to the Applicant in writing the nature and scope of any investigation Andrew and Sharon Bishop has requested, and will, if the Application is refused, state in writing the reason for said refusal.

Accepted: _____ Refused: _____

By: _____
Landlord Signature