



## Leaseholder Update Form

Dear Tenant,

Please complete this form in its entirety when requesting to add or remove a responsible Leaseholder on your lease.

### NEW LEASEHOLDER PROCESSING PROCEDURES:

- Lease **MUST** be up for renewal, and rental account must be current
- Tenants seeking to be removed from the lease agreement must submit a notarized letter stating he/she no longer resides in the apartment, and also state that you are **forfeiting your security deposit refund** to the remaining leaseholder. Transfer of security deposit will only be authorized between existing lease holders, and not the occupant or new person who is not on original lease.
- Any additional lease holders over 18 years of age must provide an application for residency, valid photo ID and SS card/Visa, proof of income, and are subject to credit and background screening. Fair Chance in Housing Act (FCHA) disclosure form must be signed by all applicants
- Upon credit and background check approval, the new leaseholder(s) can be added to the lease provided that occupancy guidelines are not exceeded

### ADDITIONAL INFORMATION:

- Single leaseholders cannot transfer their lease to someone else who is not already listed on the lease
- This form must be completed in its entirety and submitted with all of the required documentation within 30 days advance notice of lease renewal
- **This form must be notarized and signed** by all of the original Leaseholders responsible for lease payments
- Failure to meet all requirements will result in no changes to the current lease
- Mail complete packet to:  
**Middlesex Management**  
**Attn: Leasing Department / Leaseholder Update**  
**P.O. Box 457**  
**Woodbridge, NJ 07095**

Date: \_\_\_\_\_ Tenant Name(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Apartment Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Property Name \_\_\_\_\_

**Please complete Table A if you are removing a Leaseholder from a lease and Table B if you are adding a LeaseHolder to your lease.**

<b>Table A</b>	
<b>Leaseholder to be Removed from Lease</b>	
<b>Existing Tenant's Name</b>	

<b>Table B</b>	
<b>Leaseholder to be added to the Lease</b>	
<b>New Tenant's Name</b>	

By signing below, I (we) authorize the Landlord to make the above requested changes to the Lease. In addition, I (we) understand that applicants to be added to the lease must first be approved by management in accordance with the procedures detailed above prior to being added to the lease.

Leaseholder Signature: \_\_\_\_\_ Leaseholder Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

# MIDDLESEX MANAGEMENT - APPLICATION FOR RESIDENCY

(Each Leaseholder must submit a separate application)

## APPLICANT INFORMATION

FULL NAME (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_ (M.I.) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE # (Home) \_\_\_\_\_ (CELL) \_\_\_\_\_

## VEHICLES:

MAKE	TYPE	COLOR	LICENSE PLATE #	STATE	YEAR

## LIST OTHERS TO RESIDE IN APARTMENT AND CHILDREN WHO WILL VISIT ON A PERMANENT BASIS:

NUMBER OF CHILDREN WHO WILL OCCUPY THE APARTMENT \_\_\_\_\_ NUMBER OF ADULTS WHO WILL OCCUPY THE APARTMENT \_\_\_\_\_

FULL LEGAL NAME	RELATIONSHIP	DATE OF BIRTH	ANNUAL INCOME	OCCUPATION

## PRESENT ADDRESS:

STREET \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RENT OR OWN (CIRCLE ONE) LANDLORD/LENDER NAME: \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_ DATES(from) \_\_\_\_\_ (to) \_\_\_\_\_

## PRESENT EMPLOYER:

NAME \_\_\_\_\_ STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

START DATE \_\_\_\_\_ POSITION \_\_\_\_\_ MONTHLY SALARY \_\_\_\_\_

SUPERVISOR OR HUMAN RESOURCES CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

**OTHER INCOME:** SOURCE \_\_\_\_\_ GROSS MONTHLY AMOUNT \_\_\_\_\_

SOURCE \_\_\_\_\_ GROSS MONTHLY AMOUNT \_\_\_\_\_

## BANK ACCOUNT INFORMATION:

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_ Type of Account \_\_\_\_\_

## EMERGENCY CONTACT (NOT RESIDING WITH YOU):

(1) NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO LIVE IN THE UNITED STATES: (Please check one)

Yes, I am a U.S. Citizen

Yes, I have provided valid documentation from the U.S. Immigration and Naturalization Service (INS) that allows me to be in the country

List source of documentation \_\_\_\_\_ List ID# \_\_\_\_\_

If you have an Individual Tax ID #, please provide in the following space \_\_\_\_\_

The undersigned applicant and/or co-signer represents that all of the above representations are true and correct and authorizes verification of the above information. If any of the information proves to be false or misleading, landlord may deny this application. The undersigned applicant and/or co-signer hereby consents to allow the landlord, its agents or employees, to obtain a consumer report, and any other information it deems necessary to evaluate the application. I understand that such information may include, but is not limited to, credit history, civil complaint history, rental history, employment/salary details, vehicle records, licensing records. See attached FCHA Disclosure Statement for information regarding criminal history. The undersigned applicant and/or cosigner also agrees that landlord, its agents and employees, may obtain additional consumer reports in the future to update the account. Upon my request, landlord will tell me whether consumer reports were requested, and the names and addresses of any consumer reporting agencies that provided such reports. The undersigned applicant and/or co-signer understands that the application fee is non-refundable. IF CANCELLATION OF THIS APPLICATION IS NOT MADE BY THE APPLICANT WITHIN FIVE (5) DAYS FROM THE DATE OF THE SIGNING OF THIS APPLICATION, THE \$100.00 DEPOSIT WILL BE FORFEITED BY THE APPLICANT. Should this application be denied by the landlord, then the landlord shall not be responsible for any claims or damages other than the return of the deposit.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Community: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_ Security Deposit Holder (circle): Yes or No

Bldg # /Apartment #: \_\_\_\_\_ Application Fee Collected: \_\_\_\_\_ Co-Signor (circle): Yes or No

Unit Type: \_\_\_\_\_ Deposit Collected: \_\_\_\_\_ Yardi Applicant Code: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Lease Date \_\_\_\_\_ to \_\_\_\_\_ Rental Agent Name: \_\_\_\_\_

OFFICE USE ONLY

REVISED 12-2021

**MIDDLESEX MANAGEMENT  
LANDLORD'S OFFICE  
P.O. BOX 457  
WOODBIDGE, NJ 07095**

**Fair Chance in Housing Act Disclosure**

**Model Disclosure Statement:**

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer.

Before making a conditional offer of housing, Landlord may consider only whether an applicant has a conviction for the manufacture or production of methamphetamine on the premises of federally assisted housing, or whether an applicant has a lifetime registration requirement under a State sex offender registration program. Landlord will not consider, or request from an applicant or any other person or entity, any other information about an applicant's criminal history as part of the application process until and unless a conditional offer of housing has been made.

After extending a conditional offer of housing, Landlord intends to review and consider an applicant's criminal record in determining whether to rent a home, in accordance with the FCHA and its accompanying rules.

**Landlord will not, either before or after the issuance of a conditional offer, evaluate or consider any of the following criminal records:**

- (1) arrests or charges that have not resulted in a criminal conviction;
- (2) expunged convictions;
- (3) convictions erased through executive pardon;
- (4) vacated and otherwise legally nullified convictions;
- (5) juvenile adjudications of delinquency; and
- (6) records that have been sealed.

**Landlord may consider, after the issuance of a conditional offer, a criminal record that:**

- Resulted in a conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24- 4(b)(3);
- Resulted in a conviction for any crime that requires lifetime state sex offender registration;
- Is for any 1<sup>st</sup> degree indictable offense, or release from prison for that offense, within the past 6 years;
- Is for any 2<sup>nd</sup> or 3<sup>rd</sup> degree indictable offense, or release from prison for that offense, within the past 4 years; or
- Is for any 4<sup>th</sup> degree indictable offense, or release from prison for that offense, within the past 1 year.

For more information about how these rules apply, please refer to the resources at <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.



<http://www.njcivilrights.gov>

New Jersey is an Equal Opportunity Employer



Landlord may withdraw a conditional offer based on your criminal record only if Landlord determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If Landlord utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, Landlord will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if Landlord receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, Landlord must show that it did not rely on that information in making a determination about your tenancy.

**If you are subjected to the withdrawal of a conditional offer of housing due to criminal history, you have the right to request and receive the materials relied upon by [name of housing provider] in making this determination.**

**You have the right to dispute, within ten (10) days of receiving this statement, the relevance and accuracy of any criminal record, and to offer evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other mitigating factors to [name of housing provider] at any time, including after the ten days.**

Any action taken by Landlord in violation of the process laid out in this statement may constitute a violation of the FCHA. **If you believe that any owner, agent, employee, or designee of [name of housing provider] has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at [www.NJCivilRights.gov](http://www.NJCivilRights.gov) 1-866-405-3050).** A complaint must be filed with DCR within 180 days of the allegedly discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA.

DCR has several fair housing fact sheets available at <https://www.nj.gov/oag/dcr/housing.html>, or available for pickup in any of DCR's four (4) regional offices.

31 Clinton Street, 3<sup>rd</sup> Floor  
Newark, NJ 07102

5 Executive Campus  
Suite 107, Bldg. 5  
Cherry Hill, NJ 08002

1601 Atlantic Avenue, 6<sup>th</sup> Fl.  
Atlantic City, NJ 08401

140 East Front Street, 6<sup>th</sup> Floor  
Trenton, NJ 08625

_____	_____	Date: _	_____
<b>Tenant</b>	_____	Date: _	_____
_____	_____	Date: _	_____
<b>Tenant</b>	_____	Date: _	_____
_____	_____	Date: _	_____
<b>Tenant</b>	_____	Date: _	_____
_____	_____	Date: _	_____
<b>Cosigner</b>	_____	Date: _	_____
_____	_____	Date: _	_____
<b>Cosigner</b>	_____	Date: _	_____