

38A Mount Vernon Drive  
 Vernon, CT 06066  
 (860) 871-1620 (860) 870-9774



Rental Consultant: \_\_\_\_\_  
 Apt. Viewed: \_\_\_\_\_ Rented: \_\_\_\_\_  
 Date Applied: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_  
(Please print) (First) (Middle) (Last) (Jr. or Sr.)  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**RESIDENCE HISTORY**

*(Please list your past five years of residence history, beginning with your current address)*

Present Address: \_\_\_\_\_  
(Street Address) (Apt. #)  
 \_\_\_\_\_  
(Town) (State) (Zip code)  
 From: \_\_\_\_\_ to \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
 Landlord: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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 Previous Address: \_\_\_\_\_  
(Street Address) (Apt. #)  
 \_\_\_\_\_  
(Town) (State) (Zip code)  
 From: \_\_\_\_\_ to \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
 Landlord: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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 Present Address: \_\_\_\_\_  
(Street Address) (Apt. #)  
 \_\_\_\_\_  
(Town) (State) (Zip code)  
 From: \_\_\_\_\_ to \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
 Landlord: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FOR OFFICE USE ONLY**  
 Faxed Verif. on: \_\_\_\_\_  
 Follow-Up on: \_\_\_\_\_  
 Follow-Up on: \_\_\_\_\_  
 Verif. Completed:  By: \_\_\_\_\_  
(Initials)  
 Faxed Verif. on: \_\_\_\_\_  
 Follow-Up on: \_\_\_\_\_  
 Follow-Up on: \_\_\_\_\_  
 Verif. Completed:  By: \_\_\_\_\_  
(Initials)  
 Faxed Verif. on: \_\_\_\_\_  
 Follow-Up on: \_\_\_\_\_  
 Follow-Up on: \_\_\_\_\_  
 Verif. Completed:  By: \_\_\_\_\_  
(Initials)

**INCOME INFORMATION**

*(Please note: We may require additional documentation, such as tax returns, for self employed applicants)*

Present Employer: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Position: \_\_\_\_\_ Employed From: \_\_\_\_\_  
 Gross Monthly Income: \_\_\_\_\_  
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 If Student, List School: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Grade Level: \_\_\_\_\_

*(This portion to be completed by office staff)*  
 Most Recent Pay stub Recv'd:   
 Gross Weekly Amount: \_\_\_\_\_  
*(or bi-weekly amount)*  
 Periods per year: x \_\_\_\_\_  
**Total Gross Yearly Income (per stub):** \_\_\_\_\_  
 Qualified:

**Minor Occupants**

*(Please list any person(s) under the age of 18 who will also occupy the apartment.)*

1.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to You: \_\_\_\_\_  
 2.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to You: \_\_\_\_\_  
 3.) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to You: \_\_\_\_\_

### CO-APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_  
(Please print) (First) (Middle) (Last) (Jr. or Sr.)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### RESIDENCE HISTORY

*(Please list your past five years of residence history, beginning with your current address)*

Present Address: \_\_\_\_\_  
(Street Address) (Apt. #)

\_\_\_\_\_ (Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code)

From: \_\_\_\_\_ to \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Previous Address: \_\_\_\_\_  
(Street Address) (Apt. #)

\_\_\_\_\_ (Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code)

From: \_\_\_\_\_ to \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Present Address: \_\_\_\_\_  
(Street Address) (Apt. #)

\_\_\_\_\_ (Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code)

From: \_\_\_\_\_ to \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### FOR OFFICE USE ONLY

Faxed Verif. on: \_\_\_\_\_  
Follow-Up on: \_\_\_\_\_  
Follow-Up on: \_\_\_\_\_

Verif. Completed:  By: \_\_\_\_\_  
(Initials)

Faxed Verif. on: \_\_\_\_\_  
Follow-Up on: \_\_\_\_\_  
Follow-Up on: \_\_\_\_\_

Verif. Completed:  By: \_\_\_\_\_  
(Initials)

Faxed Verif. on: \_\_\_\_\_  
Follow-Up on: \_\_\_\_\_  
Follow-Up on: \_\_\_\_\_

Verif. Completed:  By: \_\_\_\_\_  
(Initials)

### CO-APPLICANT INCOME INFORMATION

*(Please note: We may require additional documentation, such as tax returns, for self employed applicants)*

Present Employer: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Employed From: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

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If Student, List School: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Grade Level: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Most Recent Pay stub  
Recv'd:

Gross Weekly Amount: \_\_\_\_\_  
(or bi-weekly amount)

Periods per year: x \_\_\_\_\_

**Total Gross Yearly  
Income (per stub):** \_\_\_\_\_

Qualified:

**In Case of Personal Emergency, Please Notify:** \_\_\_\_\_ (\_\_\_\_)  
(Please print) (Name) (Relationship to You)

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please list your nearest relative not living with you. (List someone other than above):

\_\_\_\_\_ (\_\_\_\_) Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Name) (Relationship to You)

### AUTHORIZATION

*(PLEASE READ CAREFULLY BEFORE SIGNING)*

*In considering this application from you, management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize management to verify any references that you have listed. In addition, you authorize management to obtain a consumer credit report. A credit check will appear on your consumer credit report as an inquiry. Providing any false, misleading, or incorrect information will be grounds for turning down this application.*

**Applicant Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ Date: \_\_\_\_\_