



Application Fee Non-Refundable

Single Fee: \$20.00

Double Fee: \$40.00

Other:

194N. Plains Industrial Rd. P.O. Box 1664, Wallingford, CT 06492 Phone: (203) 269-0284 Fax: (203) 269-2805

Tenant's Personal and Credit Information

Applicant			Co-Applicant		
Name: _____	Age: _____	Education Yr: _____	Name: _____	Age: _____	Education Yr: _____
Present Address No. Years _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		Present Address No. Years _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Street: _____		Street: _____			
City/State/Zip: _____		City/State/Zip: _____			
Former Address (if less than 2 years at present address)			Former Address (if less than 2 years at present address)		
Street: _____		Street _____			
City/State/Zip: _____		City/State/Zip: _____			
Years at former address: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent		Years at former address: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried			Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		
Date of Birth: _____			Date of Birth: _____		
Name and Address of Employment		Years Employed in this line of work? _____ years	Name and Address of Employment		Years Employed in this line of work? _____ years
_____		_____	_____		_____
_____		Years on this job: _____	_____		Years on this job: _____
_____		<input type="checkbox"/> Self Employed	_____		<input type="checkbox"/> Self Employed
Position Type: _____			Position Type: _____		
Social Security Number : _____	Home Phone: _____	Work: _____	Social Security Number : _____	Home Phone: _____	Work: _____

Lease will be held in what names? _____

Current Landlord? _____ Phone: _____ Pets? _____

Source of Security deposit and first month's rent: _____ Reason for Moved: _____

Occupants:	Relationships:				
Age:					

Gross Monthly Income			
Item	Applicant	Co-Applicant	Total
Base Employment Income	\$	\$	\$
Overtime	\$	\$	\$
Bonuses	\$	\$	\$
Commission	\$	\$	\$
Dividends/Investments	\$	\$	\$
Other*			
Total	\$	\$	\$

Health Insurance

Applicant: Do you Have Health Insurance? _____
 Does your employer pay for this coverage? _____
 If not, how is it paid? _____
 Policy name and carrier: _____

Co-Applicant: Do you Have Health Insurance? _____
 Does your employer pay for this coverage? _____
 If not, how is it paid? _____
 Policy name and carrier: _____

Describe other income (Applicant and Co-Applicant) *Alimony, Child Support, or separate maintenance income need not be revealed if applicant wishes not to.

If employment in current position for less than 2 years, complete the following

Previous Employment	City/State	Type of Business	Monthly Income

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These Apply to both Applicant and Co-Applicant

Answer <i>yes</i> or <i>no</i> to the following:			If yes answer is given please explain in the place provided
	Applicant	Co-Applicant	
Are there any outstanding judgments against you?			
Have you been declared bankrupt within the past 7 years?			
Are you a party to a lawsuit?			
Are you obligated to pay alimony, child support, or separate maintenance?			
Is any part of the down payment borrowed?			
Are you a co-maker or endorser of a note?			

Financial Statement

Assests				Obligations					
Bank	Branch	Ck.	Sav.		Item	Lenders & Loan #	Pmt. Per. Mo.	Orig. Amt.	Balance Due
		<input type="checkbox"/>	<input type="checkbox"/>	\$	Auto		\$	\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$	Furn. & Appl.		\$	\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$	Personal Loans		\$	\$	\$
		<input type="checkbox"/>	<input type="checkbox"/>	\$	Child Support		\$	\$	\$
Securities				\$	Alimony		\$	\$	\$
Auto(s) Year: _____		Make: _____		\$	Mtgs. (Sched.)		\$	\$	\$
Year: _____		Make: _____		\$			\$	\$	\$
Furniture and Appliances				\$			\$	\$	\$
Deposit on Property				\$			\$	\$	\$
Value of R.E. Owned (see schedule)				\$			\$	\$	\$
Net Cash Value of Life Insurance				\$			\$	\$	\$
Other Assets				\$			\$	\$	\$
Mortgages Owned				\$			\$	\$	\$
Total				\$	Total		\$	\$	\$

Credit Reference

Creditor	Address	Highest Amt. Owed	Reason for Credit	Date Closed

Ever Bankrupt? _____ Ever had any judgments, liens, repossessions or foreclosures? _____
 Delinquent on any payments now? _____
 If so, explain: _____

Apartment Located at: _____
 Street Address: _____ City: _____
 County: _____ State: Connecticut

I/We declare that the foregoing information is true and correct, authorize its verification and the obtaining of a consumer credit report.

Date: _____ Applicant: _____
 Co-Applicant: _____

If submitting electronically the applicant acknowledges that typing his/her name(s) in the space above represents his/her signature and agrees to the terms declared.