

RENTAL APPLICATION

Each adult that will be living at the unit must fill out a separate rental application in its entirety. Please make sure to include daytime telephone numbers for your landlord, your employer, and yourself.

Today's Date: _____ Move-In Date: _____ \$ _____ per month Unit #: _____

Applicant's Full Name: _____ Social Security #: _____

Work Phone#: _____ Home Phone #: _____ Cell #: _____

Additional Residents Information: Smoker: (v one): YES NO Email: _____

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Home Address (include city, state & zip): _____

Move In Date: _____ Move Out Date: _____ Rent/Mortgage Amount (Per Month): \$ _____

Landlord/Mortgage Holder Name: _____ Daytime Phone #: _____

Address of Landlord/Mortgage Holder: _____

Reason for Moving: _____

Previous Home Address (include city, state & zip): _____

Move In Date: _____ Move Out Date: _____ Rent/Mortgage Amount (Per Month): \$ _____

Landlord/Mortgage Holder Name: _____ Daytime Phone #: _____

Address of Landlord/Mortgage Holder: _____

Reason for Moving: _____

Current Employment Status: (v one): Full-Time: Part-Time:

If unemployed or retired, write "None" for company name & then skip the rest of this section.

Employer's Company Name: _____ Company (Main) Phone #: _____

Employer's Address (include city/state): _____

Job/Title Position: _____ Start Date: _____ Quit Date: _____

Gross Yearly Income: \$ _____

If less than 2 years at current employer or less than 2 years being retired/self-employed, please complete below:

Previous Employment Status: (v one): Full-Time: Part-Time:

If unemployed or retired, write "None" for company name & then skip the rest of this section.

Employer's Company Name: _____ Company (Main) Phone #: _____

Employer's Address (include city/state): _____

Job/Title Position: _____ Start Date: _____ Quit Date: _____

Gross Yearly Income: \$ _____ Does your company charge a fee for employee verification?: _____

Have you ever: Been sued for non-payment of rent? Yes No Been sued for damage of rental property? Yes No

Broken a Rental Agreement or Lease? Yes No Been evicted or asked to vacate a rental unit? Yes No
Declared Bankruptcy? Yes No

Other Income: If there are other sources of legal income you would like us to consider, please complete below. Please provide documentation for any items listed below.

Social Security: Amount Per Month: \$ _____ Caseworker's
Title 19: Amount Per Month: \$ _____ Name: _____ Phone#: _____
Pension: Amount Per Month: \$ _____ Name: _____ Phone#: _____
Other Income: Amount Per Month: \$ _____ Name: _____ Phone#: _____

Please list each vehicle you will be parking at the unit include motorcycles.

Vehicle Make & Model	Color	Year	Plate#	Registered In What State?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pet -Name: _____ If Cat,Indoor?: ___ Declawed?: ___ If Dog,Lbs.?: ___ Breed: _____
Pet -Name: _____ If Cat,Indoor?: ___ Declawed?: ___ If Dog,Lbs.?: ___ Breed: _____

Name Of Nearest Relative Not Living With You: _____

Telephone #s: _____ Relationship: _____

Applicant hereby represents that all the above statements are true, correct and complete. Applicant authorizes their real estate agent and/or the landlord's property manager, D.A. Rich Company, to verify any of the above information which shall include, but not limited to, obtaining consumer credit report and income verification. Applicant further agrees to furnish additional information upon request.

Signed: _____ Date: _____

This authorization is subject to the Connecticut General Statutes prohibiting discrimination in commercial and residential real estate transactions (C.G.S. Title 47a, Chapter 814c).

IT IS UNLAWFUL UNDER FEDERAL AND/OR STATE LAW TO DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, SEXUAL ORIENTATION, MARITAL STATUS, AGE, LAWFUL SOURCE OF INCOME, LEARNING DISABILITY, MENTAL RETARDATION, FAMILIAL STATUS AND MENTAL OR PHYSICAL DISABILITY.