



PO Box 143
Colchester, CT 06415
(860) 537-1100

Date: _____
Bedrooms desired: _____

Rental Application

Please fill out this form **completely** and sign where indicated.
The information provided is used to qualify prospective residents. Your cooperation is appreciated.

Application Information

Applicant's full name:			Social Security number:		Driver's license number & state:	
Email address:			Phone number:		Date of Birth	
Marital Status:	Married _____	Single _____	Separated _____	Divorced _____	Widowed _____	
Current Street Address:			City	State		Zip Code
Previous Street Address:			City	State		Zip Code
Current Landlord's name:			Landlord's Phone	Dates Occupied:	Rent Amount	
Previous Landlord's name:			Landlord's Phone	Dates Occupied:	Rent Amount	
Current employer:		Occupation:	Start Date		Annual Income	
Street:		City:	State:	Zip Code:	Work Phone:	
Previous employer:		Occupation:	Start Date / End Date		Annual Income:	
Street:		City:	State:	Zip Code:	Work Phone:	

Co-applicant information:

Applicant's full name:			Social Security number:		Driver's license number & state:	
Email address:			Phone number:		Date of Birth	
Relationship	Spouse: _____	Roommate: _____	Child: _____	Other: _____		
Current Street Address:			City	State		Zip Code
Previous Street Address:			City	State		Zip Code
Current Landlord's name:			Landlord's Phone	Dates Occupied:	Rent Amount	
Previous Landlord's name:			Landlord's Phone	Dates Occupied:	Rent Amount	
Current employer:		Occupation:	Start Date		Annual Income	
Street:		City:	State:	Zip Code:	Work Phone:	
Previous employer:		Occupation:	Start Date / End Date		Annual Income	
Street:		City:	State:	Zip Code:	Work Phone:	

Other occupants under the age of 18 occupying the apartment:

Name:	Date of Birth:	Relationship:	SS #
Name:	Date of Birth:	Relationship:	SS #



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References:

Bank(s)	Name	Address	City / State	Type of Account Checking _____ Savings _____ Loan _____
	Name	Address	City / State	Type of Account Checking _____ Savings _____ Loan _____
Personal	Name	Address	Phone number	Relationship
	Name	Address	Phone Number	Relationship
	Name	Address	Phone number	Relationship

Outstanding debts

Owed to	Account No.	Current Balance	Monthly Payments
Owed to	Account No.	Current Balance	Monthly Payments
Owed to	Account No.	Current Balance	Monthly Payments

Vehicle information

Year	Make	Model	Color	Plate #	State
Year	Make	Model	Color	Plate #	State

In case of emergency – notify:

Name	Address	City/State	Phone	Relationship
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- Pets:** No pets are allowed
- Income:** Monthly rent should not exceed 30% of gross monthly income. Income must be verified as part of application.
- Qualifications:** Present and prior rental history will be researched. Rental history must be favorable without any reports of evictions, unsatisfactory lease breaks, late payments, NSF checks or complaints or damages. Applicants must have verifiable income and must meet our income guidelines. Applicants should have no reports of convicted felonies or violent misdemeanors, misdemeanor A or arrest for sexual misconduct or assault. All applicants must be at least 18 years old and have a United States Social Security Number.
- Occupancy:** No more than two (2) residents per bedroom. All lessees are equally responsible for the rent.
- Cars:** Each apartment is allowed parking for two cars.

I hereby certify that the above information is true and complete to the best of my knowledge. This application constitutes my request for consideration as a tenant and it does not constitute a lease or promise by the owner that an apartment will be made available to me. With my (our) signature(s), I (we) authorize and request all credit reporting agencies, employers, landlords, and personal references to release any pertinent information regarding me (us). I (we) understand that credit checks will be done and I authorize the owner to verify any information in connection with this application.

Name of Applicant	Signature of Applicant	Date
Name of Applicant	Signature of Applicant	Date