



2389 Main St.  
Glastonbury, CT 06033  
Phone: 860-657-4754  
Fax: 860-659-4044

8719 Evangel Dr..  
Springfield, VA 22153  
Phone: 202-596-9349  
Fax: 860-371-3738

**RENTAL APPLICATION**

Date: \_\_\_\_\_  
Property/town applying for: \_\_\_\_\_ # of Bedroom: \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**CO-APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**CO-APPLICANT INFORMATION(2)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**ADDITIONAL ACCUPANTS**

Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ (circle one) M or F  
Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ M or F  
Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ M or F  
Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ M or F  
Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ M or F

**RENTAL HISTORY:**

Current Address, City, State, and Zip: \_\_\_\_\_

Length of Years: \_\_\_\_\_ Months: \_\_\_\_\_ at above address. Rent or Own (circle one)

Reason(s) for leaving: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_ Landlord/Manager Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current Lease Expires (Month/Day/Year) : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Military Status YES/NO. If YES, give details \_\_\_\_\_

**APPLICANT EMPLOYMENT HISTORY**

Present Employer Name, Address: \_\_\_\_\_ Employed from (month/year) \_\_\_\_/\_\_\_\_

Phone# of Employer: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous Employer Name, Address: \_\_\_\_\_ Employed from (month/year) \_\_\_\_/\_\_\_\_

Phone# of Employer: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Note: Previous employer information when present employment is less than 1 year**

**CO-APPLICANT EMPLOYMENT HISTORY**

Present Employer Name, Address: \_\_\_\_\_ Employed from (month/year) \_\_\_\_/\_\_\_\_

Phone# of Employer: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous Employer Name, Address: \_\_\_\_\_ Employed from (month/year) \_\_\_\_/\_\_\_\_

Phone# of Employer: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Note: Previous employer information when present employment is less than 1 year**

**CO-APPLICANT EMPLOYMENT HISTORY (2)**

Present Employer Name, Address: \_\_\_\_\_ Employed from (month/year) \_\_\_\_/\_\_\_\_

Phone# of Employer: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous Employer Name, Address: \_\_\_\_\_ Employed from (month/year) \_\_\_\_/\_\_\_\_

Phone# of Employer: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Note: Previous employer information when present employment is less than 1 year**

**HAVE YOU EVER:**

- Filed for Bankruptcy: YES  NO 
  - If YES: Date Filed: \_\_\_\_\_ Date Granted: \_\_\_\_\_ Where Filed: \_\_\_\_\_
- Been Evicted from Tenancy or had judgment issued against you? YES  NO
- Willfully or Intentionally Refused to pay rent when due. YES  NO
- Been convicted of a Crime? YES  NO
- Had property foreclosed upon or given title/deed in lieu? YES  NO
- Had to pay alimony, child support, or separate maintenance? YES  NO
- Been party to a lawsuit? YES  NO

**Note: If you responded YES to any of the above questions, attach an explanation in the back of this page.**

**INCOME**

Your Gross Monthly/Yearly Income \$ \_\_\_\_\_ / \_\_\_\_\_ Co-Applicant Gross Monthly/Yearly Income \$ \_\_\_\_\_  
Average Monthly Income Other \$ \_\_\_\_\_ Co-Applicant Other Monthly Income \$ \_\_\_\_\_  
Total Monthly Net Income \$ \_\_\_\_\_ Total Amount of rental assistance (if any): \$ \_\_\_\_\_

**CREDIT AND FINANCIAL INFORMATION**

Bank Name: \_\_\_\_\_  
Checking or Savings \_\_\_\_\_ Account # \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Checking or Savings \_\_\_\_\_ Account # \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

**REFERENCES AND EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years Known \_\_\_\_\_  
Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years Known \_\_\_\_\_  
Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years Known \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Number and description of vehicles owned** (all kind)

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

**Pets: (dogs, cats, fish, birds, rodents, reptiles, etc.)**

Type \_\_\_\_\_ Breed \_\_\_\_\_ Size/Weight \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Type \_\_\_\_\_ Breed \_\_\_\_\_ Size/Weight \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**CREDIT CHECK RELEASE**

I/We hereby apply for the apartment listed above, with my/our signature(s) below. I/We hereby authorize and request all credit reporting agencies, employers, credit and personal references, as well as local and state police departments release all pertinent information about me/us. A photocopy of this shall be as valid as the original.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Fee:** We charge a \$50.00 application fee per adult. This covers the cost of the office processing time and document preparation and is NON-REFUNDABLE.

**Please read and initial or sign:**

I agree that the landlord may terminate and agreement entered in reliance on any misstatement made in this application. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broken leases or rules will result in the loss of security and all other deposits. \_\_\_\_\_

Should any of your utilities be turned off by the utility company for any reason, the apartment will be considered vacant.

---

***BACKGROUND CHECKS WILL BE RUNNED PRIOR TO ACCEPTANCE FOR EACH ADULT TO OCCUPY THE PREMISES AT \$50 EACH NON REFUNDABLE.***

**IF TENANT IS ACCEPTED, UNDER NO CIRCUMSTANCE IS SECURITY DEPOSIT REFUNDED UNTIL LEASE IS EXPIRED, AS LONG AS THERE ARE NO DAMAGES TO THE UNIT OR OWED MONEY TO THE COMPANY. SECURITY DEPOSITS CANNOT BE USED FOR RENT PAYMENT!!!**

---

***This Section to be completed by the Office***

Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ Terms \_\_\_\_\_

Amount due prior to occupancy \$ \_\_\_\_\_

First Months rent \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

Credit Check Fee \$ \_\_\_\_\_ Key Deposits \$ \_\_\_\_\_