



10 King Arthur Drive
Niantic, CT 06357

Telephone 860.739.5516
Fax 860.739.2429

RENTAL APPLICATION

Date: _____ Time: _____ Date Desired: _____

Full Name of Applicant _____

Social Security Number _____ Male Female Date of Birth _____

Full Name of Co-Applicant _____

Social Security Number _____ Male Female Date of Birth _____

Children's Names _____

_____ Male Female Date of Birth _____

_____ Male Female Date of Birth _____

_____ Male Female Date of Birth _____

List all others who will occupy apartment. *(Roommates must fill out a separate application)*

Total number of occupants to live in apartment: Adults _____ Children _____

Do you have a pet? Yes No If yes, describe: _____

PRESENT ADDRESS

_____ Apt. # _____

City _____ State _____ Zip Code _____ Rent Own

Phone – Home _____ Mobile _____ Work _____ How Long There? _____

Monthly Payment \$ _____ Are you on lease? _____ Was proper notice given? _____

Name of Present Landlord _____ Phone _____

Address _____ Is this person a relative? _____

City _____ State _____ Zip Code _____ Cell Phone _____

PREVIOUS ADDRESS

_____ Apt. # _____

City _____ State _____ Zip Code _____ Rent Own

Phone – Home _____ Cell _____ Work _____ How Long There? _____

Monthly Payment \$ _____ Are you on lease? _____ Was proper notice given? _____

Name of Previous Landlord _____ Phone _____

Address _____ Is this person a relative? _____

City _____ State _____ Zip Code _____ Cell Phone _____

Has any landlord sued you/roommate/spouse for rent *(late payment)* or possession? _____

If yes, explain _____



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CREDIT REFERENCES

_____ Account No. _____ Account No. _____
_____ Account No. _____ Account No. _____
_____ Account No. _____ Account No. _____

PERSONAL REFERENCES

Name _____ Name _____
Address _____ Address _____
Phone _____ Phone _____
Person (*other than spouse*) to be notified in case of an emergency:
Name _____ Address _____
City _____ State _____ Zip Code _____
Relationship _____

INCLUDE ALL INCOME ANTICIPATED FOR THE UPCOMING TWELVE MONTHS

1. Yes No Are you employed or do you anticipate being employed in the upcoming 12 months?

- \$ _____ A. Annual Income
- \$ _____ B. Annual Over-Time
- \$ _____ C. Annual Bonus Income
- \$ _____ D. Annual Tip Income
- \$ _____ E. Annual Commission Income

Employer: _____ Address: _____
Phone: _____ Supervisor: _____ Position: _____
Date of Employment: _____ Do you have a 401K plan? _____ Value? _____

(Co-applicant/spouse/working child)

1a. Yes No Are you employed or do you anticipate being employed in the upcoming 12 months?

- \$ _____ A. Annual Income
- \$ _____ B. Annual Over-Time
- \$ _____ C. Annual Bonus Income
- \$ _____ D. Annual Tip Income
- \$ _____ E. Annual Commission Income

Employer: _____ Address: _____
Phone: _____ Supervisor: _____ Position: _____
Date of Employment: _____ Do you have a 401K plan? _____ Value? _____



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2. Yes No Are you presently employed at more than one job? (*not self-employed*)

- \$ _____ A. Annual Income
- \$ _____ B. Annual Over-Time
- \$ _____ C. Annual Bonus Income
- \$ _____ D. Annual Tip Income
- \$ _____ E. Annual Commission Income

Employer: _____ Address: _____

Phone: _____ Supervisor: _____ Position: _____

Date of Employment: _____ Do you have a 401K plan? _____ Value? _____

3. Yes No Are you self employed?

- \$ _____ A. Annual Income
- \$ _____ B. Annual Over-Time
- \$ _____ C. Annual Bonus Income
- \$ _____ D. Annual Tip Income
- \$ _____ E. Annual Commission Income

Name of Business: _____ Address: _____

Type of Business: _____ Date Business Began: _____ Number of Employees: _____

Phone: _____ Are you the sole owner? Yes No If no, explain _____

I/We represent, warrant and confirm that all the statements made by me/us in this application are true and correct.

Signature _____ Date _____

Signature _____ Date _____



INCOME QUESTIONNAIRE

1. Yes No Do you currently receive unemployment benefits?
\$ _____ Weekly Income
2. Yes No Are you currently entitled to or do you receive Child Support?
\$ _____ Monthly Income
3. Yes No Are you currently entitled to or do you receive Alimony?
\$ _____ Monthly Income
4. Yes No Are you receiving AFDC (*Aid for Dependent Children*)?
\$ _____ Monthly Income
5. Yes No Are you receiving Social Security Benefits?
\$ _____ Monthly Income
\$ _____ Spouse Monthly Income
6. Yes No Are you receiving supplemental Social Security (*SSI*)?
\$ _____ Monthly Income
7. Yes No Are you receiving Worker's Compensation?
\$ _____ Monthly Income
8. Yes No Are you receiving income from Pension/Annuity/Retirement Fund?
\$ _____ Monthly Income
\$ _____ Spouse Monthly Income
9. Yes No Are you receiving Veteran's Benefits?
\$ _____ Monthly Income
10. Yes No Are you receiving any other form of regular or periodic income?
\$ _____ Monthly Income
11. Yes No Do you have a Checking Account(s)?
_____ Number of Accounts
\$ _____ Current Value of Account(s)
\$ _____ Earned Annual Income
12. Yes No Do you have a Savings Account(s)?
_____ Number of Accounts
\$ _____ Current Value of Account(s)
\$ _____ Earned Annual Income
13. Yes No Do you have a Money Market Account(s)?
_____ Number of Accounts
\$ _____ Current Value of Account(s)
\$ _____ Earned Annual Income
14. Yes No Do you own Certificate of Deposit(s)? (*CDs*)
_____ Number of CDs
\$ _____ Current Value of CDs
\$ _____ Earned Annual Income



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15. Yes No Do you have a Trust Fund
 _____ Number of Funds
 \$ _____ Current Value of Funds
 \$ _____ Earned Annual Income
16. Yes No Do you have a Pension that you are not yet eligible to receive?
 \$ _____ Current Value of Pension
 \$ _____ Earned Annual Income
17. Yes No Do you have any Stock/Bonds (*not held in retirement plan*)?
 _____ Number of Stocks
 \$ _____ Current Value
 \$ _____ Earned Annual Income
18. Yes No Do you have a 401K/IRA/KEOGH that you are not eligible to receive?
 \$ _____ Current Value
 \$ _____ Earned Annual Income
19. Yes No Do you own or are you in the process of selling any Real Estate?
 \$ _____ Current Value (*of current contract amount*)
 \$ _____ Earned Annual Income
20. Yes No Have you disposed of any assets within the past two years for less than Fair Market Value?
 \$ _____ Fair Market Value of Asset(s) at time of Disposition
 \$ _____ Actual proceeds received from the disposition of asset(s)

Are you or anyone in your household over the age of 18 – a full-time student? Yes No

I/We represent, warrant and confirm that all the statements made by me/us in this application are true and correct.

Signature _____ Date _____

Signature _____ Date _____



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CREDIT CHECK SERVICES
Authorization and Consent to Disclosure

Date: _____

This is to inform you that as part of our procedure for processing your rental application, an investigative report may be made in which information is obtained through personal interviews with family members, business associates, financial sources, friends, neighbors, or other third parties with whom you are acquainted.

This information will include inquiries as to your character, general reputation, personal characteristics or mode of living, whichever is applicable. You have the right to make written disclosure of additional information concerning the nature and scope of the investigation.

Please complete all sections of the application and sign the release form. In addition, please submit a check or money order in the amount of \$30.00 (non-refundable) made payable to **Deerfield Village** for the application verification process. No application will be processed without a check or money order. Management will contact you upon approval or rejection of the application. Thank you.

Print Name: _____ Signature: _____

Address: _____

Social Security: _____ Date of Birth: _____

Driver's License: _____ State: _____ Exp. _____

Co-Applicant:

Print Name: _____ Signature: _____

Address: _____

Social Security: _____ Date of Birth: _____

Driver's License: _____ State: _____ Exp. _____

APPLICANT PLEASE NOTE

1. It is understood that no pets will be permitted without written consent of the landlord, or in the event of ADA compliance, and that the premises are to be used as a residence only and to be occupied by those persons listed herein.
2. This application must be made in person and the contents hereof are considered as part of the lease
3. All rents and charges are due and payable on the first of each month.

The applicant(s) makes the representation in this application knowing that management will rely on their accuracy, and hereby authorizes WB Residential Communities, Inc. to use any consumer reporting agency, credit bureau, or other investigative agencies employed to do such to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics, and mode of living, and my result thereby, and to disclose and furnish such information to the owner/agency listed in support of this application. In addition, I/We hereby authorize you to obtain any such credit and other reports on me/us from time to time during my/our tenancy and thereafter until all sums that may be due the owner or you are fully paid.

The applicant(s) release management from any liability whatever for rejection of this application due to credit information or any other valid business reason. It is furthered agreed that if any information herein contained is false, the lease made on the strength of this application may at the option of the landlord be terminated at any time.

Upon demand made upon management, at any time during the undersigned's tenancy and thereafter, management is hereby authorized to release any information contained in this application to any public security office who may inquire of management concerning the same in the course of his/her duty.

I/We represent, warrant and confirm that all the statements made by me/us in this application are true and correct.

Date: _____ Signature _____

Date: _____ Signature _____