

Rental Application

FOR OFFICE USE ONLY

Date & Time Received: _____
Household Size: _____
Apartment Size: _____
Unit Type: _____



Rental History:	Acceptable	Not Acceptable
Credit History:	Acceptable	Not Acceptable
Background Screening:	Acceptable	Not Acceptable
Application:	Accepted	Denied
Unit Assigned:		

Please complete all requested information on both pages of the application. Thank you for your interest in our apartments!

APPLICANT

NAME: _____ HOME PHONE: _____
 FIRST MIDDLE LAST CELL PHONE: _____
 Street Address: _____ WORK PHONE: _____
 _____ City: _____ State: _____ Zip: _____

HOUSEHOLD INFORMATION (List each household member who will be residing in the apartment)

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH	ALIAS OR ANY OTHER NAME	RELATIONSHIP TO APPLICANT	SEX	Driver's License Number / State
						Applicant		

HOUSING PREFERENCE (Please check the desired unit size)

UNIT SIZE (SELECT ONE): ONE BEDROOM TWO BEDROOM

MARKETING INFORMATION

HOW DID YOU HEAR ABOUT US? TENANT REFERRAL COMMUNITY ORGANIZATION
 NEWSPAPER AD NAME: _____
 WEBSITE OTHER: _____

PETS

DO YOU CURRENTLY HAVE A PET? YES NO IF YES, TYPE (CAT, DOG,...): _____
 INDOOR? YES NO BREED: _____ SIZE: _____ LBS

SOURCE OF INCOME & EMPLOYMENT INFORMATION (Please indicate the income received by each member of your household)

HEAD OF HOUSEHOLD:

() Full Time Name of Employer _____ Supervisor _____ Employer Phone _____
 () Part Time # of hours worked per week _____ Full Street Address _____ Occupation _____ Length of Service (Years employed) _____
 () Unemployed \$ _____ per _____
 City State Zip Present Gross Pay Hour/Week/Month

OTHER SOURCES OF INCOME:

SOCIAL SECURITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	ALIMONY	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
UNEMPLOYMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	CHILD SUPPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
DISABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	GENERAL ASSISTANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
RETIREMENT/PENSION	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____

2nd HOUSEHOLD MEMBER:			
() Full Time	Name of Employer	Supervisor	Employer Phone
() Part Time	Full Street Address	Occupation	Length of Service (Years employed)
_____ # of hours worked per week		\$ _____	per
() Unemployed	City	State	Zip
		Present Gross Pay	Hour/Week/Month

OTHER SOURCES OF INCOME:			
SOCIAL SECURITY	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	ALIMONY [] YES [] NO AMT \$ _____
UNEMPLOYMENT	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	CHILD SUPPORT [] YES [] NO AMT \$ _____
DISABILITY	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	GENERAL ASSISTANCE [] YES [] NO AMT \$ _____
RETIREMENT/PENSION	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	OTHER: _____ [] YES [] NO AMT \$ _____

RENTAL HISTORY (Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive.)

CURRENT LANDLORD NAME:	_____	RENT PER MONTH:	\$ _____
ADDRESS:	_____	MOVE IN DATE:	_____
	_____	LEASE EXPIRES:	_____
TELEPHONE NUMBER:	() _____	HOW MUCH NOTICE IS REQUIRED:	_____
REASON FOR MOVING?	_____		

PREVIOUS LANDLORD NAME:	_____	RENT PER MONTH:	\$ _____
LANDLORD'S ADDRESS:	_____	RENTED FROM _____ TO _____	
	_____	PROPER NOTICE GIVEN:	_____
LANDLORD'S TELEPHONE NUMBER:	() _____	DEPOSIT RETURNED:	_____
APPLICANT'S PREVIOUS ADDRESS:	_____		
STREET ADDRESS:	City: _____	State: _____	Zip: _____
REASON FOR MOVING?	_____		

VEHICLE INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles):	_____		
Make & Model: _____	Year: _____	Color: _____	License Plate # & State: _____
Make & Model: _____	Year: _____	Color: _____	License Plate # & State: _____
Other Car, Motorcycle, etc.:	_____		

APPLICANTS' CERIFICATION

I/We certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. I/We further understand that any inaccuracies provided or informaiton withheld may be the basis for immediate denial of my/our application by the Owner/Agent. I/We, by signature below, authorize the Owner/Agent to request complete criminal background check as well as a thorough credit investigation through an outside independent background service company to secure a written report of all information pertaining to [but not limited to] employment, landlord/rental history, sex offender records, criminal background, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine the person's eligibility.

Signature of Applicant	_____	Date	_____
Signature of Additional Adult Applicant	_____	Date	_____
Signature of Additional Adult Applicant	_____	Date	_____

Appleton Corporation and the property do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.

1062 Boulevard LLC
1062 Boulevard
West Hartford, CT 06119

Professionally Marketed and Managed by:



Credit, Criminal & Sex Offender Registry Release

Release:

In consideration for being permitted residency at 1062 Boulevard LLC (Property),

I, _____ (Applicant), do represent all information to be true and accurate and that Management may rely on this information when investigating me for residency. Applicant hereby authorizes Management to make independent investigations to determine criminal background and sex offender information. I authorize any person, criminal background checking agency or sex offender registry agency having any information on me to release any and all such information to Management or their agents or criminal background and sex offender checking agencies. I hereby release, remise and forever discharge, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of Landlord and their criminal background and sex offender checking agencies in connection with processing of investigating me and will hold them harmless from any suit or reprisal whatsoever. I understand that the criminal background information (arrest, and/or conviction records) and sex offender information will be done through the facilities of RealPage Inc. as well as thru the other Criminal Justice Information Services.

For Credit, Criminal or Eviction Inquiries:

RealPage Inc.

Attn: Leasing Desk Consumer Relations

4000 International Parkway

Carrollton, TX 75007-1913

Phone: (866) 934-1124

Website: <http://www.realpage.com/consumer-dispute>

Signature: _____

Social Security #: _____

Date of Birth: _____

Date: _____

1062 Boulevard LLC
 310 Stafford Street, Springfield, MA 01104
 Phone (860) 216-0000 Fax (413) 734-5517
 Email: mharris@oconnells.com

Professionally Marketed and Managed by:



Employment Verification Form

Applicant Name:		<u>For Office Use Only</u>	
Employer:		Date Sent:	
Address:		Date Received:	
Phone/Fax #:			

Information Requested:

1. Employment Start Date: _____ Current Position: _____
2. Expected Gross Earnings during next twelve (12) months: \$ _____
3. Prior 12 months Gross Earnings: \$ _____
4. Current salary and/or base pay rate:
 - \$ _____ per hour for _____ hours per week
 - \$ _____ per week for _____ weeks per year
 - \$ _____ per month for _____ months per year
5. Employee works (circle one): Full Time Part Time Seasonally Temporarily
6. If employee works less than full time or for less than the full year, please specify work hours and months per year of work: _____
7. Overtime pay rate per hour: \$ _____ Expected hours of overtime during next 12 months: _____
8. Other Compensation not included above: \$ _____ for _____ (specify what it's for: commissions, bonuses, tips, etc.)

The information provided is true and correct to the best of my knowledge.

Signature

Date

Print Name

Title

Print Company Name

Phone Number

Applicant Release

I hereby authorize the release of all information deemed necessary relating to my residency at the above named rental address. I agree to hold harmless all parties and their agents from any and all claims I may have from the contents of the information disclosed and the disclosure and use of this information.

Signature of Applicant

Date

Print Name



1062 Boulevard LLC

310 Stafford Street, Springfield, MA 01104 Phone
(860) 216-0000 Fax (413) 734-5517 Email:
mharris@oconnells.com

Professionally Marketed and Managed by:



Landlord Verification Form

		For Office Use Only	
Applicant Name:		Date Sent:	
Rental Address:		Date Received:	
Landlord's Name:		Received By:	
Landlord's Address:		Verbal Verification:	
Landlord's Phone/Fax #:			

Information Requested:

1. Are you a relative or friend of the applicant? Yes No

If so, please describe relationship: _____

2. Please Circle One: Current Landlord Previous Landlord Other

3. Dates of Applicant's Tenancy: From: _____ To: _____

4. Did the Applicant have a lease? Yes No

5. Did the applicant terminate their lease with proper notice? Yes No

A. Rent Payment History

1. Amount of monthly rent: \$ _____ 2. Did the applicant pay rent on time? Yes No

3. Was the rent ever paid late? Yes No

If so, how late and how often: _____

4. Did the applicant have any bounced (NSF) checks? Yes No If yes, how many? _____

5. Does the applicant owe any monies? Yes No

6. Have you ever begun / completed eviction for non-payment? Yes No

7. Was a Court judgment rendered in your favor for eviction for non-payment? Yes No N/A

8. Were the Utilities included in the rent? Yes No

9. Have the tenant paid utilities ever been disconnected? Yes No N/A

B. Caring for the Unit

1. Did the applicant keep the unit clean, safe and sanitary? Yes No

2. Did the applicant have a pet? Yes No If so what kind and how many? _____

3. Did the applicant, family members, guests or pet ever damage the unit or common areas? Yes No

If yes, describe: _____

4. Has the applicant paid for the damage? Yes No N/A

5. Will (did) you keep any security deposit? Yes No

(Revised 4/1/2016)



6. Did the applicant have any problems with insects/rodents or bed bugs? [] Yes [] No
7. Did the applicant's housekeeping contribute to infestation? [] Yes [] No
8. Did the applicant make any alterations to the unit without your permission? [] Yes [] No

C. General

1. Was the applicant listed on the lease or occupancy agreement for the unit? [] Yes [] No
2. Did the applicant permit persons other than those on the lease to live in the unit? [] Yes [] No

If yes, describe: _____

3. Did the applicant, family members or guests create any physical hazards, engage in any criminal activity, act in a physically violent and/or verbally abusive manner, or interfere with the right to peaceful enjoyment of other residents, guests, landlord or staff? [] Yes [] No

If yes, describe: _____

4. Has the applicant given you any false information? [] Yes [] No

If yes, describe: _____

5. Has the applicant ever been given a lease violation? [] Yes [] No

If yes, describe: _____

6. Would you rent to this applicant again? [] Yes [] No

If not, why? _____

The information provided is true and correct to the best of my knowledge.

Signature of Landlord

Date

Print Name

Title

Print Company Name

Phone Number

Applicant Release

I hereby authorize the release of all information deemed necessary relating to my residency at the above named rental address. I agree to hold harmless all parties and their agents from any and all claims I may have from the contents of the information disclosed and the disclosure and use of this information.

Signature of Applicant

Date

Print Name

