

# SUMMITWOODS/SMS RENTAL APPLICATION

(Revised June 2019)

Number of bedrooms desired: 1 2 3 HC Q M Referred by: \_\_\_\_\_

Notice: **Co-Applicant must complete a separate Rental Application Form**

The undersigned hereby makes application to rent unit number _____	located at _____
Beginning on _____	at a monthly rental of \$ _____

## **Please Tell Us About Yourself:**

Full Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Co-Applicant/Spouse \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email address: \_\_\_\_\_

Names, ages, gender & relationship of all occupants: \_\_\_\_\_

Pets (Weight & Type) \_\_\_\_\_

## **Please give your Residence History (beginning with most current)**

CURRENT ADDRESS \_\_\_\_\_

Month & Year Moved in \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner/Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Rental Amount \_\_\_\_\_ Includes \_\_\_\_\_

I must give \_\_\_\_\_ days notice to my Landlord. My Lease Expires \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Month & Year Moved in \_\_\_\_\_ Moved out \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner/Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Month & Year Moved in \_\_\_\_\_ Moved out \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner/Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Please Give Your Employment Information**

Your Status: Employed Full-time    Employed Part-time    Student    Retired    Unemployed

Employer: \_\_\_\_\_

Date Employed \_\_\_\_\_ Employed As \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Gross Salary \_\_\_\_\_ per \_\_\_\_\_ if employed by above less than 6 months give name & address of  
Previous Employer or School

All sources of income need to be disclosed. Please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation.

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

(Ex-spouse; ADFC, Rent Assistance, Section 8, Second Job, Spouses Income, Child Support.)

My RAP Certificate is through DSS and \_\_\_\_\_

You can contact \_\_\_\_\_ at phone# (\_\_\_\_) \_\_\_\_\_

My Section 8 Certificate is through NHA, Hartford CT or \_\_\_\_\_ and \_\_\_\_\_

The person to contact is \_\_\_\_\_ at phone# (\_\_\_\_) \_\_\_\_\_

**Please List your Bank and Credit References**

Bank \_\_\_\_\_ Bank \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Type of Account \_\_\_\_\_ Type of Account \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

Credit References

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Your Drivers License # \_\_\_\_\_

Your Vehicle Make/ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate# \_\_\_\_\_

Second Vehicle Make/ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate# \_\_\_\_\_

Have You Ever

Filed for Bankruptcy\_\_\_\_\_

Been evicted from Tenancy\_\_\_\_\_

Willfully or Intentionally Refused to Pay Rent when Due\_\_\_\_\_

Been Arrested & Convicted of any Charge greater than a minor motor vehicle violation\_\_\_\_\_

Please give any additional information which might help management evaluate this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Management has any Questions about this application Please give Phone #'s where you can be reached.

Day-time Phone #\_\_\_\_\_

Night-time Phone #\_\_\_\_\_

**\$30.00 Application Fee** (Cash, Bank check, or Money Order) is included with this application? Yes No

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the 1<sup>st</sup> day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, \$\_\_\_\_\_Of the deposit will be retained to offset the agents cost, time, and effort in processing my application. I further understand any statement made above if found to be a misrepresentation or not a true statement may be considered reason for denial of said apartment.

I hereby deposit \$ \_\_\_\_\_ as earnest money to be refunded to me if this application is not accepted within \_\_\_\_\_ business banking days. Upon acceptance of this application, this deposit shall be retained as part of the security deposit. When so approved and accepted. I agree to execute a lease for \_\_\_\_\_ months before possession is given and to pay the balance of the security deposit within \_\_\_\_\_business banking days after being notified of acceptance or the deposit will be forfeited as liquidated damages in payment for the agents time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of nonacceptance which the owner or his agent may reject and state any reason for so doing.

I recognize that as a part of your procedure for processing my application, an investigative Consumer Report may be prepared whereby information may be obtained through personal interviews with friends, neighbors, and others. I also authorize a formal inquiry through a Consumer Credit Rating service and/or Information Management System. This inquiry may pertain to my character, general reputation, personal credit and background. I understand that I have the right to make a written request to you within a reasonable amount of time to receive additional, detailed information about the nature and scope of this investigation. This information may also be used for the purpose of obtaining a forwarding address and other pertinent information in collecting my debt.

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

Signature of Applicant\_\_\_\_\_Date\_\_\_\_\_

Signature of Co-Applicant\_\_\_\_\_Date\_\_\_\_\_

Who to call in the Event of an Emergency:

Name \_\_\_\_\_Phone\_\_\_\_\_

Complete Address\_\_\_\_\_

Nearest Relative not living with you:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Complete Address \_\_\_\_\_ Relationship \_\_\_\_\_

Please fill this form out as completely as possible then **Contact Us** at **(860)889-6828** to schedule your visit and to make sure that you do not need to bring any additional paperwork with you.

Note: a **\$30 application fee** (via CASH, Bank Check, or Money Order is required to process this application.

-----  
**THIS SECTION IS FOR SUMMITWOODS OFFICE USE ONLY.**

<b>Reference Verification Name</b>	<b>Reference Comments</b>

This Application    Approved \_\_\_\_\_    Not-Approved \_\_\_\_\_    By \_\_\_\_\_    Date \_\_\_\_\_

Security Deposit Required \$ \_\_\_\_\_    Pet Fee Required \$ \_\_\_\_\_

Reason for Rejection \_\_\_\_\_

Applicant Notified By \_\_\_\_\_    Date Notified \_\_\_\_\_

-----  
**Summitwoods of Norwich**  
3 Summitwoods Drive, Norwich, CT 06360  
860-889-6828 (tel) \* 860-889-7054 (fax)  
[www.SummitwoodsofNorwich.com](http://www.SummitwoodsofNorwich.com)