

# NORMANDY HEIGHTS

395 Brittany Farms Road  
New Britain, CT 06053  
(860) 223-3030

Apt. #	_____
Rent:	_____
M/I Date:	_____
App. Fee:	_____ Ck# _____
Deposit:	_____ Ck# _____

## RENTAL APPLICATION

### PLEASE TELL US ABOUT YOURSELF

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Initial: \_\_\_\_\_ Jr/Sr/2<sup>nd</sup>: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Cell # \_\_\_\_\_ email \_\_\_\_\_  
Pets (Number, Kind & Name): \_\_\_\_\_

### PLEASE GIVE YOUR RESIDENCE HISTORY

Current Address \_\_\_\_\_  
Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Present Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Previous Address \_\_\_\_\_  
Date Moved In \_\_\_\_\_ Date Moved Out \_\_\_\_\_ Reason \_\_\_\_\_  
Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Rent \$ \_\_\_\_\_  
Previous Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

### PLEASE GIVE YOUR EMPLOYMENT INFORMATION

Current Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Address \_\_\_\_\_  
Employer Phone # \_\_\_\_\_ Employer Fax # \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Previous Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Address \_\_\_\_\_  
Employer Phone # \_\_\_\_\_ Employer Fax # \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Additional Income Amount: \$\$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_

### PLEASE LIST YOUR BANK INFORMATION

Your Bank \_\_\_\_\_ Type of Account \_\_\_\_\_ Number \_\_\_\_\_  
Your Bank \_\_\_\_\_ Type of Account \_\_\_\_\_ Number \_\_\_\_\_

**VEHICLE INFORMATION**

Your Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

**APARTMENT OCCUPANTS**

Occupant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**OTHER INFORMATION**

- Have you ever:
- 1. Filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - 2. Been evicted from tenancy? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - 3. Willfully or intentionally refused to pay rent? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - 4. Have you ever pled "guilty", "no contest" or been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Please give any additional information which might help management evaluate this application.

I, the undersigned, hereby make application to lease apartment # \_\_\_\_\_ for a period of 12 months. I hereby tender a non-refundable fee of \$40.00 per person for processing this application. I represent that the information set forth on the application is true and complete; and hereby authorize verification of any and all of the information set forth above, including a consumer credit report or other such information as may be required to evaluate this application. The credit check and other such information becomes the sole possession of Normandy Heights Apartments and no copies will be given to the applicant. **Any fraudulent information on this application will be grounds for denial and should information be discovered after lease execution it will be grounds for eviction.**

**IN CASE OF AN EMERGENCY**

Notify \_\_\_\_\_ Phone \_\_\_\_\_

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

Application Received By: \_\_\_\_\_ Date \_\_\_\_\_

**NORMANDY HEIGHTS**

395 Brittany Farms Road

New Britain, CT 06053

(860) 223-3030

fax: (860) 832-9005

**REQUEST FOR  
RESIDENCY  
VERIFICATION**

TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIA:  MAIL  
 FAX  
 PHONE

DATE: \_\_\_\_\_

The person named below has applied for an apartment rental with us. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendation on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank you.

RE: Resident's Name: \_\_\_\_\_

Occupancy Address: \_\_\_\_\_  
\_\_\_\_\_

REQUEST SUBMITTED BY:	TITLE:	PHONE:

**APPLICANT'S AUTHORIZATION OF THIS INQUIRY:**

I hereby consent to the release of my residency information.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

**PROPERTY OWNER'S OR MANAGEMENT AGENT'S COMMENTS**

Date Moved In \_\_\_\_\_ Date Moved Out \_\_\_\_\_ Still an Occupant? \_\_\_\_\_

Amount of Monthly Rent \$ \_\_\_\_\_ Utilities Included \_\_\_\_\_

Rent Generally Paid:  On Time  Occasionally Late  Often Late

Housekeeping Habits:  Good  Average  Poor

Would you probably rent to this person again?  Yes  No  Not Sure

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



