

La Triumphe Apartments

300 Michelle Lane

Groton, CT 06340

Phone (860)449-9999 Fax (860)449-0217

RENTAL APPLICATION

PLEASE TELL US ABOUT YOURSELF

Last Name: _____ First: _____ Initial: _____ Jr/Sr/2nd: _____
Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ Phone#: (____) _____
Pets (Number, Kind & Name) _____

PLEASE GIVE YOUR RESIDENCE HISTORY

Current

Address _____
(Street) (City) (State) (Zip)

Month & Year Moved In _____ Reason for Leaving _____

Present Landlord _____ Phone#(____) _____

Previous

Address _____
(Street) (City) (State) (Zip)

Month & Year Moved In _____ Reason for Leaving _____

Previous Landlord _____ Phone#(____) _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

Current

Employer: _____ Length of Employment: _____

Address _____
(Street) (City) (State) (Zip)

Employer Phone#:(____) _____ Employer Fax#:(____) _____

Position Held: _____ Monthly Income: \$ _____

Previous

Employer: _____ Length of Employment: _____

Address _____
(Street) (City) (State) (Zip)

Employer Phone#:(____) _____ Employer Fax#:(____) _____

Position Held: _____ Monthly Income: \$ _____

Additional Income Amount: \$ _____ Per: _____ Source: _____

PLEASE LIST YOUR BANK INFORMATION

Your Bank: _____ Type of Account: _____ Number: _____

Your Bank: _____ Type of Account: _____ Number: _____

PLEASE LIST YOUR VEHICLE INFORMATION

Your Driver's License Number: _____ State: _____
Vehicle Year: _____ Color: _____ Make: _____ Model: _____ State/Plate#: _____
Vehicle Year: _____ Color: _____ Make: _____ Model: _____ State/Plate#: _____

PLEASE LIST ALL 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

Please Give Any Additional Information Which Might Help Management Evaluate This Application:

IN CASE OF EMERGENCY

Notify: _____ Phone: () _____
Address: _____ Relationship: _____

I, the undersigned, hereby make application to lease apartment# _____ for a period of 12 months. I hereby tender a non-refundable fee of \$25.00 per person or \$40.00 per couple 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 La Triumphe Apartments and no copy will be given to the applicant.

In consideration of an earnest money deposit of \$500.00, Management agrees to reserve an apartment for the Applicant. Upon notification of acceptance of the application, the Applicant agrees to execute a lease and pay the balance of the security deposit within three business days. Should the Applicant fail to perform his/her obligations as stated herein, the deposit shall be retained by management in consideration of reserving said apartment. In the event this application is not approved by Management, said deposit shall be refunded. In the event the apartment is not ready for occupancy by said date, the Applicant shall have the option of extending his/her reservation or requesting a refund of the deposit money paid hereunder. Applications are subject to approval of the Management Company. No oral agreements have been made.

Signature of Applicant: _____ Date: _____

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REQUEST FOR RESIDENCY VERIFICATION

To: _____
Fax: () _____
Phone: () _____
Date: _____
From: _____

Re: Resident's Name: _____
Occupancy Address: _____

The person named above 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.

APPLICANT'S AUTHORIZATION OF THIS INQUIRY

I hereby consent to the release of my residency information.

Signature of Resident: _____ **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

Would You Probably Rent To This Person Again? Yes No Not Sure

Signature: _____ Title: _____ Date: _____

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REQUEST FOR EMPLOYMENT VERIFICATION

To: _____ Re: Employee Name: _____
Fax: () _____ Current Address: _____
Phone: () _____ Social Security #: _____
Date: _____ Department/Branch: _____
From: _____ Dates of Employment: _____

The person named above has applied for an apartment rental with us. Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release their employment information. Your assistance in providing employment information will be sincerely appreciated. Thank you.

APPLICANT'S AUTHORIZATION OF THIS INQUIRY

I hereby consent to the release of my employment information.

Signature of Employee: _____ **Date:** _____

EMPLOYER'S COMMENTS

Dates of Employment; From: _____ To: _____ Salary \$ _____ week/month/hour

Position Held: _____ If hourly, number of hours worked per week: _____

Other Comments: _____

Signature: _____ Title: _____ Date: _____