

SOUTHWIND APARTMENTS

181 Southwind Dr.
Wallingford, CT. 06492
(203) 949.9999
(203) 269.7774 fax
info@southwind181.com

Apt. # _____
Rent: _____
M/I Date: _____
App. Fee: _____ CK# _____
Deposit: _____ CK# _____
Parking Fee: _____ Space# _____
Storage: _____ Space # _____

RENTAL APPLICATION

PLEASE TELL US ABOUT YOURSELF

Last Name: _____ First: _____ Initial: _____ Jr/Sr/2nd: _____
Social Security #: _____ Date of Birth: _____ Phone #: _____
Email Address: _____
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. Plead "guilty", "no contest" or been convicted of a crime?
_____ 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 \$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 Southwind 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 consideration for an earnest money deposit of \$100.00, Management agrees to reserve an apartment for the Applicant. Upon acceptance of the \$100.00, **the Applicant agrees to return the completed application/applications within 72 hours and understands that the Applicant has 3 of our business days from the time the \$100.00 hold fee is left to request their \$100.00 hold fee be returned to them.** 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 agrees to extend his/her reservation or may choose to cancel said application and forfeit the \$100.00 hold fee. Applications are subject to approval of the Management Company. No oral agreements have been made.

Signature of Applicant _____ Date _____

Application Received By: _____ Date _____

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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:
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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 is 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 _____

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REQUEST FOR BANK DEPOSIT VERIFICATION

TO: _____

VIA: MAIL
 FAX
 PHONE

DATE: _____

The person named below has applied for an apartment rental with us. The applicant, by his/her signature below, has authorized you to release the following information. Your assistance in providing this information will be sincerely appreciated. Thank you.

RE: Customer Name: _____
Address: _____
Phone Number: _____
Social Security #: _____
Checking Account #: _____
Savings Account #: _____

REQUEST SUBMITTED BY: _____	TITLE: _____	PHONE: _____
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APPLICANT'S AUTHORIZATION OF THIS INQUIRY: I hereby consent to the release of my banking information.	
_____ Resident's Signature	_____ Date

FOR BANK USE ONLY		
Type of Account: _____	Date Opened: _____	Present Balance: _____
Are Regular Deposits Made?: _____	Number of Overdrafts: _____	
Type of Account: _____	Date Opened: _____	Present Balance: _____
Are Regular Deposits Made?: _____	Number of Overdrafts: _____	
SIGNATURE _____	TITLE _____	DATE _____

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REQUEST FOR EMPLOYMENT VERIFICATION

TO: _____

VIA: MAIL
 FAX
 PHONE

DATE: _____

The person named below 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.

RE: Employee Name _____
Current Address _____
Social Security Number _____
Department or Branch _____
Date(s) of Employment _____

REQUEST SUBMITTED BY:	TITLE:	PHONE:
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APPLICANT'S AUTHORIZATION OF THIS INQUIRY: <small>I hereby consent to the release of my employment information.</small>	
_____ Resident's Signature	_____ 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 _____