

DEERFIELD VILLAGE
 10 King Arthur Drive
 Niantic, CT 06357
 860.739.5516 FAX: 860.739.2429

PRE-APPLICATION QUESTIONNAIRE

1. **Name of household head:** _____
2. **How may we reach you?** Home Tel. No.: _____ Work Tel No.: _____
3. **Present Address:** _____
4. **Move in date:** _____ **Move out date:** _____
5. **How did you hear about Deerfield Village** (e.g.: newspaper ad, word of mouth, agency referral?)

6. **List all permanent household members** who will live in the apartment home during the next 12 months. Be sure to list any temporarily absent family members.

FULL LEGAL NAME ALL HOUSEHOLD MEMBERS RELATIONSHIP TO HEAD OF HOUSEHOLD SOC. SEC.# DATE OF BIRTH

| | | | |
|--|-------------------|--|--|
| | HEAD OF HOUSEHOLD | | |
| | | | |
| | | | |
| | | | |

7. **Are any household members foster children/adults or live-in care attendants?** YES NO

If yes, who: _____

8. **Are you or any members of your household full-time students** carrying a full course load (as defined by the educational institution) for at least five months per calendar year (include any children attending elementary, middle, and high schools)? YES NO If yes, how many? _____

If yes, is at least one member of the household (*check all that apply*):

- A single parent with dependent child(ren) and neither parent nor child(ren) is being claimed as a dependent by anyone else?
- Married and filing a joint tax return?
- On welfare or enrolled in a federal, state, or local job training program?
- Leaving the foster care system?

9. **Estimated Income & Assets:** What is the estimated gross income before taxes each year of the following applicable income sources?

| INCOME SOURCE | I HAVE OR I RECEIVE THE FOLLOWING (CHECK ONE) | | YEARLY AMOUNT |
|------------------------------------|---|-----------------------------|---------------|
| Job 1 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Job 2 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Self-Employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Social Security | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Supplemental Security Income (SSI) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Unemployment Benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Worker's Compensation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Pension/Veteran's Administration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| TANF/AFDC | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Education Financial Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |
| Other: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ |

- Do you currently receive Assistance with your housing payments? Yes No

If yes, Agency Name: _____

- Do you have court-ordered or an agreement for child support Yes No

(This means there is an order for you to receive children support or alimony, not pay support to someone else)

Asset Source: Do you have:

| | | | | | |
|------------------------------|------------------------------|-----------------------------|------------------------|----------|-----------------------|
| Checking Account? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, 6-MO Avg. Bal: | \$ _____ | Int. Rate _____ |
| Savings/Holiday Account? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, Balance : | \$ _____ | Int. Rate _____ |
| Certificate of Deposit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, Cash Value: | \$ _____ | Int. Rate _____ |
| Stocks, Bonds, or Annuities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, Cash Value: | \$ _____ | Annual Earnings _____ |

- Money Market or Mutual Funds? Yes No If yes, Cash Value: \$_____ Annual Earnings_____
 - IRA, 401K, or Keogh Accounts? Yes No If yes, Cash Value : \$_____ Annual Earnings_____
 - Treasury Bills? Yes No If yes, Cash Value: \$_____ Annual Earnings_____
 - Safety Deposit Bills? Yes No If yes, Cash Value of what is held in the box \$_____
 - Any personal property held as investments? Yes No If yes, Cash Value: \$_____
 - Do you own a Home, Rental Property, or other Capital Investment Yes No
If Yes, Cash Value (Market Value less unpaid balance and selling costs) \$_____
 - Current Status/Intention: Keeping Selling Renting Being Foreclosed Giving Away
 - Have you received any Lump-Sum amounts? (e.g., inheritances, capital gains, lottery winnings, insurance settlements) If Yes, When_____ Amt. \$_____
 - Do you have any life insurance policies? (Whole or Universal Only) Yes No If Yes, Cash Value \$_____
 - Do you receive regular or periodic payments from persons not living in the unit (such as from a trust, annuity, or other claims)? Yes No If Yes, List Provider, frequency, & Amount: \$_____
 - Have you sold, given away or otherwise transferred ownership of assets within the last two (2) years?
 Yes No If Yes, List Items & Date _____
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- Are there minor children in the household that have any assets (e.g.: Savings Account, Certificate of Deposit, Savings Bonds?)
 Yes No If Yes, please provide Type, \$ Value, Where Held Annual Yield _____
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APPLICANT PLEASE NOTE
CREDIT CHECK SERVICES
Authorization and Consent to Disclosure

It is understood that no pets will be permitted without written consent of the landlord, or in the event of ADA compliance, and that the premises are to be used as a residence only and to be occupied by those persons listed herein.

This application must be made in person and the contents hereof are considered as part of the lease.

All rents are charges are due and payable to the first of each month.

The applicant(s) make the representation in this application knowing that management will rely on their accuracy, and hereby authorizes Wilder Richman Management to use any consumer reporting agency, credit bureau, or other investigative agencies employed to do such to investigate the References herein listed or statements or other data obtained from me or any other person pertaining to my employment and may result thereby, and to disclose and furnish such information to the owner/agency listed in support of this application. I addition I/We hereby authorize you to obtain any such credit and other report on me/us from time to time during my/our tenancy and thereafter until all sums that may be due to owner or you are fully paid.

The applicant(s) releases management from any liability whatever for rejection of this application due to credit information or any other valid business reason. It is furthered agreed that if any information herein contained is false, the lease made on the strength of this application may at the option of landlord be terminated at any time.

Upon demand made upon management, at any time during the undersigned's tenancy and thereafter, management is herby authorized to release any information contained in this application to any public security office who may inquire of management concerning the same in the course of his/her duty

Name: _____ Signature: _____ Date: _____

Drivers License #: _____

Name: _____ Signature: _____ Date: _____

Drivers License #: _____