

DEERFIELD VILLAGE 10 KING ARTHUR DRIVE NIANTIC, CT 06357

PH: 860-739-5516 FAX: 860-739-2429

Please print and write clearly. *All questions must be completed* in order to process your application.

1. APPLICANT INFORMATION

Date: _____

1-A. Head of Household Information

License # _____ State: _____

Name: _____ Email: _____

SSN: _____ DOB: _____ Gross Income: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

In order to process your application, we do require 10 years of housing history. Please use separate paper if needed.

Current Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Move-In Date: _____ Anticipated Move Out Date: _____

Previous Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Move-In Date: _____ Move Out Date: _____

1-B. Co-Applicant Information

License # _____ State: _____

Name: _____ Email: _____

SSN: _____ DOB: _____ Gross Income: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

In order to process your application, we do require 10 years of housing history. Please use separate paper if needed.

Current Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Move-In Date: _____ Anticipated Move Out Date: _____

Previous Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Move-In Date: _____ Move Out Date: _____

2. HOUSEHOLD INFORMATION

List all household members who will live in the apartment. Be sure to list any temporarily absent

2-A. family members.

FULL LEGAL NAME	RELATIONSHIP	SOCIAL SEC #	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any household members foster children/adults or live-in care attendants? Yes ___ No ___

If yes, who: _____

2-B. Student Status

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 children 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?

2-C. Criminal / Bankruptcy

Has anyone in the household been convicted of a felony? Yes _____ No _____
 Has anyone in the household ever filed for bankruptcy? Yes _____ No _____

3. RENT

3-A. What is your current monthly rent? \$ _____
 What is your current lease term? _____
 When does your current lease expire? _____

Indicate any utilities you currently pay now:

Heat per month \$ _____ Electricity per month \$ _____ Gas per month \$ _____

Do you receive Rental Assistance? Yes _____ No _____

If yes, identify source: _____

4. INCOME AND ASSETS

4-A. List ALL full-time, part-time, seasonal and/or temporary employment for ALL household members. Include overtime pay, commissions, fees, tips, bonuses, and/or self-employed earnings.

HOUSEHOLD MEMBER	EMPLOYER'S NAME/ADDRESS	ANNUAL GROSS WAGES	
		CURRENT	ANTICIPATED
1. _____	_____ _____	\$ _____	\$ _____
		Start Date: _____	
2. _____	_____ _____	\$ _____	\$ _____
		Start Date: _____	
3. _____	_____ _____	\$ _____	\$ _____
		Start Date: _____	
4. _____	_____ _____	\$ _____	\$ _____
		Start Date: _____	

4-B. INCOME SOURCE (check all that apply)

ANNUAL AMOUNT

a. Social Security	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
b. Supplemental Security Income (SSI)	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
c. Unemployment Benefits	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
d. Worker's Compensation	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
e. Pension/Veteran's Administration	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
f. TANF/AFDC	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
g. Education Financial Assistance	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
h. Child Support	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
i. Alimony	<input type="checkbox"/> <input type="checkbox"/>	\$ _____
j. Other: _____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____

4-C. HEAD OF HOUSEHOLD ASSETS:

Checking Accounts:

Bank: _____ Acct. # _____ Balance \$ _____
 Bank: _____ Acct. # _____ Balance \$ _____

Savings Accounts:

Bank: _____ Acct. # _____ Balance \$ _____
 Bank: _____ Acct. # _____ Balance \$ _____
 Bank: _____ Acct. # _____ Balance \$ _____

Certificates of Deposits (CD's):

Bank: _____ Acct. # _____ Balance \$ _____
 Bank: _____ Acct. # _____ Balance \$ _____

Credit Union Shares:

Credit Union Name: _____ Acct# _____ Balance \$ _____
 Address: _____

Other Assets

Stocks/Bonds (value) \$ _____ Savings Bonds (value) \$ _____
 Other Amt.: (includes IRA's, Mutual Funds, Treasury Bills, etc.) \$ _____

Does the applicant **CURRENTLY** own real estate? Yes No

If yes, what is the address and value: _____

Has the applicant **EVER** owned real estate? Yes No

If yes, when? _____

Have you received any lump-sum amounts? (e.g., inheritances, capital gains, lottery winnings, insurance settlements)
 Yes No If yes, when: _____ Amount \$ _____

Do you have any life insurance policies: (Whole, Universal Only)
 Yes No If yes, amount? \$ _____

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, and amount: _____

Have you sold, given away, or otherwise transferred ownership of assets within the last two (2) years?
 Yes No If yes, list items and dates: _____

4-C. CO-APPLICANT ASSETS:

Checking Accounts:

Bank: _____ Acct. # _____ Balance \$ _____

Bank: _____ Acct. # _____ Balance \$ _____

Savings Accounts:

Bank: _____ Acct. # _____ Balance \$ _____

Bank: _____ Acct. # _____ Balance \$ _____

Bank: _____ Acct. # _____ Balance \$ _____

Certificates of Deposits (CD's):

Bank: _____ Acct. # _____ Balance \$ _____

Bank: _____ Acct. # _____ Balance \$ _____

Credit Union Shares:

Credit Union Name: _____ Acct# _____ Balance \$ _____

Address: _____

Other Assets

Stocks/Bonds (value) \$ _____ Savings Bonds (value) \$ _____

Other Amt.: (includes IRA's, Mutual Funds, Treasury Bills, etc.) \$ _____

Does the applicant **CURRENTLY** own real estate? Yes _____ No _____

If yes, what is the address and value: _____

Has the applicant **EVER** owned real estate? Yes _____ No _____

If yes, when? _____

Have you received any lump-sum amounts? (e.g., inheritances, capital gains, lottery winnings, insurance settlements)

Yes _____ No _____ If yes, when: _____ Amount \$ _____

Do you have any life insurance policies: (Whole, Universal Only)

Yes _____ No _____ If yes, amount? \$ _____

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, and amount: _____

Have you sold, given away, or otherwise transferred ownership of assets within the last two (2) years?

Yes _____ No _____ If yes, list items and dates: _____

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: FRAUDULENT STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE AND CAN NULLIFY THIS APPLICATION.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

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 and charges are due and payable the first of each month.

APPLICANT / CO-APPLICANT PLEASE NOTE:

CREDIT CHECK SERVICES AUTHORIZATION AND CONSENT TO DISCLOSURE

All individual(s) make the representation in this application knowing that management will rely on their accuracy, and hereby authorizes Wilder Balter 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. In 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 individual(s) releases management from any liability whatever for rejection of this application due to credit information or any other valid business reason. It is further 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 hereby 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.

Applicant: _____ Signature: _____ Date: _____

Co-Applicant: _____ Signature: _____ Date: _____

HOW DID YOU HEAR ABOUT DEERFIELD VILLAGE:

Friend: _____ Employer: _____ Sign posted on site: _____ Website: _____ Newspaper: _____

Other: _____

Note:

Only one (1) application per household. If your name appears on more than one application, you will be disqualified, and the application will not be considered. Applications must be signed in all requested places in order to be considered.



An affordable rental development in Miantic, Connecticut