

Deerfield Village

Dear Prospective Tenant:

Thank you for your interest in us here at Deerfield Village Apartments. ☺ We've enclosed an application for you to complete; upon completion, kindly submit a ***Certified Bank Check or Money Order made payable to Deerfield Village in the amount of \$30.00 (non-refundable) per person 18 years of age and older which will start the application process.*** Please keep in mind we will not fully process your application until we know we have an apartment coming available for you, according to our wait list; you can expect to be notified at least 30 days prior.

Enclosed is a Rental History questionnaire, please complete the top only and sign by applicants' signature.

For your convenience, we have included our brochure in your application packet which may answer any additional questions you may have about Deerfield Village Apartment.

The staff here at Deerfield Village thanks you for your interest in our apartment homes and we hope to welcome you home soon! ☺

****All information must be completed in order to process your application.****

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

All questions must be completed in order to process your application

PRE-APPLICATION QUESTIONNAIRE

- 1. Name of household head: _____ Email: _____
- 2. How may we reach you? Home Tel. No.: _____ Work Tel No.: _____
- 3. Present Address:
Move in date: _____ Move out date: _____
- 4. Previous Address:
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 Yes No \$ _____

Worker's Compensation Yes No \$ _____

Pension/Veteran's Administration Yes No \$ _____

TANF/AFDC Yes No \$ _____

Education Financial Assistance Yes No \$ _____

Other: _____ Yes 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? Yes No If yes, 6-MO Avg. Bal: \$ _____ Int. Rate _____

Savings/Holiday Account? Yes No If yes, Balance : \$ _____ Int. Rate _____

Certificate of Deposit? Yes No If yes, Cash Value: \$ _____ Int. Rate _____

Stocks, Bonds, or Annuities? Yes 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

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

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

All questions must be completed in order to process your application

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 and 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. 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 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 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

Name: _____ Signature: _____ Date: _____

Drivers License #:

Name: _____ Signature: _____ Date: _____

Drivers License #:

DEERFIELD VILLAGE APARTMENTS

RENTAL HISTORY QUESTIONNAIRE

10 King Arthur Dr. #102

Niantic, CT 06357

860-739-5516 Fax: 860-739-2429

LANDLORD: _____

TENANT: _____

ADDRESS: _____

ADDRESS: _____

Phone: _____

Fax: _____

Email: _____

The family/individual named above is an applicant for housing at **Deerfield Village Apartments**. Information requested below will be held in strict confidence, as is required. Thank you for your cooperation. Please complete this form and return to us within three (3) days.

- 1. How long did applicant live at this address? _____
- 2. How many bedrooms did they occupy? _____
- 3. How much was the residents' monthly rent? \$_____
- 4. Was the rent paid on time? YES ___NO ___
- 5. Does the rent include heat/electricity? YES ___NO ___
- 6. Did the applicant create any health or safety hazards? YES ___NO ___
- 7. Does the applicant house any pets? YES ___NO ___
- 8. Did the resident decorate without permission of owner? YES ___NO ___
- 9. Was the applicant or family destructive to the apartment? YES ___NO ___
- 10. Did the applicant or family create any disturbances to neighbors or disrupt sound family and community life? YES ___NO ___
- 11. Did the applicant provide shelter to unauthorized persons? YES ___NO ___
- 12. Reason applicant left? _____
- 13. Did the resident skip? YES ___NO ___
- 14. Was the resident evicted? YES ___NO ___
- 15. Did the resident give proper 30-day notice? YES ___NO ___
- 16. Did the resident leave the apartment in good condition? YES ___NO ___
- 17. Would you rent to the applicant in the future? YES ___NO ___
- 18. Does the resident owe outstanding rent charges? YES OR NO \$_____
- 19. Family Size: Adults_____ Children_____

Comments: _____

I/We, _____, authorize the above named Landlord to release the information requested, to **Deerfield Village Apartments**.

SIGNATURE OF APPLICANT Date

SIGNATURE OF CO-APPLICANT Date

I hereby certify that the above statements are true. I understand that any false statements made by me will constitute fraud.

SIGNATURE OF OWNER, LANDLORD OR AGENT

DATE