

RENTAL APPLICATION AND INCOME SURVEY

Mr. _____ S.S. No. _____

Date of Birth _____ Place of Birth _____ Nationality _____

Mrs. (Ms.) _____ S.S. No. _____

Date of Birth _____ Place of Birth _____ Nationality _____

Married _____ Single _____ Widowed _____ Divorced _____ Separated _____ Service Status _____

LIST BELOW – NAMES AND AGES OF OTHER PERSONS IN FAMILY TO RESIDE IN APARTMENT:

(1) _____ S.S. No. _____

Date of Birth _____ Place of Birth _____ Nationality _____

(2) _____ S.S. No. _____

Date of Birth _____ Place of Birth _____ Nationality _____

(3) _____ S.S. No. _____

Date of Birth _____ Place of Birth _____ Nationality _____

(4) _____ S.S. No. _____

Date of Birth _____ Place of Birth _____ Nationality _____

Any Pets? _____

Present Home Address _____ City _____ State _____

Phone # _____ Length of Time _____ Owns-Rents _____

Name of Landlord or Mortgage Holder _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Monthly Rental or Mortgage Payments _____ Reason for Moving _____

PREVIOUS ADDRESS _____ City _____ State _____ Zip Code _____

LANDLORD'S NAME & ADDRESS _____ Phone# _____

EMPLOYED BY _____ Address _____ City _____

State _____ Zip Code _____ Phone # _____ Annual Salary _____

Position _____ Length of Time _____ Immediate Supervisor _____

FORMER EMPLOYER _____ Address _____ City _____

State _____ Zip Code _____ Reason for Leaving _____ How Long Employed _____

WIFE'S EMPLOYER _____ Address _____ City _____
State _____ Zip Code _____ Phone # _____ Annual Salary _____
Position _____ Length of Time _____ Immediate Supervisor _____

FORMER EMPLOYER _____ Address _____ City _____
State _____ Zip Code _____ Reason for Leaving _____ How Long Employed _____

SOCIAL SECURITY AMT. _____ SOCIAL SECURITY AMT. _____ DISABILITY AMT. _____

PENSION (name) _____ PENSION AMT _____

PENSION (name) _____ PENSION AMT _____

OTHER INCOME _____ AMOUNT _____

OTHER INCOME _____ AMOUNT _____

BANKS & ADDRESSES _____ Checking Acct# _____ Amt _____

_____ Checking Acct# _____ Amt _____

_____ Savings Acct# _____ Amt _____

_____ Savings Acct# _____ Amt _____

COLOR & MAKE of CAR _____ YR. _____ LICENSE # _____ TYPE _____

FULLY PAID _____ YES _____ NO MAKING PAYMENTS TO _____

Address _____ Acct# _____ Monthly Payments _____

OUTSTANDING LOANS FIRM _____ Acct# _____ Payments _____

FIRM _____ Acct# _____ Payments _____

_____ YES _____ NO FIRM _____ Acct# _____ Payments _____

Name of Nearest Relative (other than husband or wife) _____

Address _____ Phone# _____

Application is subject to a satisfactory Credit Report and Approval by the Management. Applicants signature affixed hereto shall signify their statements to be true, correct, and complete, and the undersigned shall authorize verification of information and references given.

IT IS UNDERSTOOD THAT THE \$15.00 CREDIT REPORT FEE IS NOT REFUNDABLE.

Date _____ Applicant's Signature _____

WE COMPLY WITH THE STATE AND FEDERAL LAWS AS REGARD TO DISCRIMINATION IN HOUSING.

REQUEST FOR VERIFICATION OF EMPLOYMENT

TO: _____
Company Name

Company Address

City, State and Zip

APPLICANT: _____
Applicant Name

Applicant Address

City, State and Zip

Dear Sir/Madam:

I have made an application for LEASE at Georgetown Garden Apts., Torrington, C T06790.

Since processing of my application is being held pending your verification of my employment, I would appreciate your completing the Employers Verification below and promptly returning the same by facsimile (860) 489-9083 or mail to 109 Sunny Lane, Torrington, CT 06790.

I hereby authorize the release of the requested information.

Very truly yours,

Applicant

EMPLOYMENT VERIFICATION

Length of time employed _____

Present Position _____

Present rate of compensation – ANNUAL SALARY \$ _____

Probability of continued employment _____

Present garnishes _____

General comments and remarks _____

DATE: _____

Employer Signature

Title

Landlord Protect Tenant Release Form

The information on this page is to be completed by the prospective tenant for the purposes of obtaining a rental lease.

(PLEASE PRINT CLEARLY)

Applicant Name - First, Middle, Last		Social Security Number
Current Address - City, State, Zipcode		
Previous Address - City, State, Zipcode		Birth Date - MM/DD/YYYY
Work Phone Number	Extension	Home Phone Number

I Herby grant the above apartment/landlord/realtor, whichever is applicable, and its designee, Landlord Protect, a credit reporting agency, the right to process this credit application for the purpose of obtaining a rental lease. In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application shall remain the property of the apartment complex, landlord or realtor regardless if rental lease is granted.

(Applicant Signature)

Below must be completed by authorized personnel for this application to be processed!

(Please add any additional comments you wish us to know concerning this application)		
(7 Digit Account Number)	(Company Name)	(Processor Name)

P.O. Box 521 Absecon, NJ 08201 * Phone(800) 221-9379 * Fax(800) 345-9379

Thank you for choosing Landlord Protect!