

STONEGATE APARTMENTS
1160 South Main St. Unit 112
Middletown, CT 06457
(860) 346-1292 (860) 346-1385 FAX

**RENTAL
APPLICATION
PLEASE PRINT**

Notice: Co-Applicant must complete a separate Rental Application Form, and attached waivers.

The undersigned hereby makes application to rent UNIT NUMBER _____ located at _____
beginning on _____ to _____ at a monthly rental of \$ _____.

PLEASE PRINT

FULL NAME: _____ Phone () _____

Address _____ City _____ ST. _____ Zip _____

Month & Year Moved In _____ Reason for Leaving _____ Rent _____ Own _____

Owner or Agent _____ Owner Phone # () _____

Owner Address _____ City _____ ST. _____ Zip _____

Date of Birth _____ Social Security # _____

PREVIOUS ADDRESS _____ City _____ ST _____ Zip _____

Month & Year Moved In _____ Reason for Leaving _____

Owner or Agent _____ Owner Phone # () _____

Owner Address _____ City _____ ST. _____ Zip _____

EMPLOYMENT INFORMATION:

Your Status: _____ Full Time _____ Part Time _____ Student _____ Retired _____ Unemployed

CURRENT EMPLOYER _____

Date(s) Employed _____ Occupation _____

Supervisor _____ Supervisor's Phone # () _____

Address _____

Salary \$ _____ per _____

SPOUSE: _____ Phone () _____

Address _____ City _____ ST. _____ Zip _____

Month & Year Moved In _____ Reason for Leaving _____ Rent _____ Own _____

Owner or Agent _____ Owner Phone # () _____

Owner Address _____ City _____ ST. _____ Zip _____

Date of Birth _____ Social Security # _____

PREVIOUS ADDRESS: _____ City _____ ST _____ Zip _____

Month & Year Moved In _____ Reason for Leaving _____

Owner or Agent _____ Owner Phone # () _____

Owner Address _____ City _____ ST. _____ Zip _____

EMPLOYMENT INFORMATION:

Your Status: _____ Full Time _____ Part Time _____ Student _____ Retired _____ Unemployed

CURRENT EMPLOYER _____

Date(s) Employed _____ Occupation _____

Supervisor _____ Supervisor's Phone # () _____

Address _____

Salary \$ _____ per _____

ADDITIONAL SOURCE OF INCOME (DESCRIBE):

_____ Amount _____ per _____

_____ Amount _____ per _____

VEHICLE INFORMATION:

Driver's License Number _____ State _____ Driver's License Number _____ State _____

Vehicle #1 Make/Model _____ year _____ plate # _____ state _____

Vehicle #2 Make/Model _____ year _____ plate # _____ state _____

Other Vehicles _____

EMERGENCY CONTACT:

Contact Name _____ Address _____
Relationship _____ Telephone _____ Cell Phone _____

LIST OTHER OCCUPANTS WHOM WILL BE RESIDING IN THE APARTMENT INLCUDING YOURSELF:

NAME: _____ M / F D.O.B. _____ Social Security Number _____
NAME: _____ M / F D.O.B. _____ Social Security Number _____
NAME: _____ M / F D.O.B. _____ Social Security Number _____

PLEASE INTIAL THE FOLLOWING:

_____ All rents are due and payable on the first of the month _____ Processing charges are non-refundable
_____ Each resident is responsible for securing his/her own renters insurance _____ No personal checks on move-in day

Do You and/or other Occupants Smoke? _____NO _____Yes
Have You Ever: Filed for bankruptcy? _____No _____Yes
Been Evicted from tenancy? _____No _____Yes
Willfully or Intentionally refused to pay rent? _____No _____Yes

A FALSE OR WILLFULLY OMITTED STATEMENT HEREIN WILL BE GROUNDS FOR CANCELLATION OF YOUR LEASE AT THE OPTION OF THE LANDLORD.

FAILURE TO COMPLY WITH EVERY ONE OF THE FOLLOWING CONDITIONS AT THE TIME YOUR LEASE IS ENTERED INTO OR AT THE TIME OF ANY SUBSEQUENT RENEWAL THEREOF AUTOMATICALLY VOIDS LEASE.

- 1. A one bedroom apartment shall be occupied by no more than 2 persons. A two bedroom apartment shall be occupied by no more than 3 persons.
- 2. Lease must be signed by all applicants.
- 3. Lease rental may not exceed 25% of applicant's yearly income. However, other assets of applicant will be given due consideration in determining financial responsibility. Applicants agree that if their application is accepted and residency is taken at this apartment complex they will notify Managing Agent in writing by certified or registered mail, return receipt requested, within ten days, of any change in their status which causes them to not satisfy the requirements set forth herein. Management hereby gives notice that it will not renew the lease of such tenants except where failure to satisfy these conditions is caused by the death of either spouse during period of tenancy.
- 4. This application shall survive the signing of the lease and shall become a part thereof.
- 5. **PETS ARE NOT PERMITTED.**
- 6. Other: _____

**MAKE CHECKS PAYABLE TO: PARROTTA MANAGEMENT COMPANY
ACCOUNTING**

NEXT MONTH'S RENT\$ _____
SECURITY DEPOSIT Provided\$ _____
ADDITIONAL PRO-RATA RENT ____ DAYS @ \$ _____ \$ _____
PROCESSING FEE.....\$ _____

TOTAL PAID\$ _____

AMOUNT DUE AT SIGNING OF LEASE(move-in).....\$ _____

I(WE) HAVE READ, FULLY UNDERSTAND AND APPROVE OF BOTH SIDES OF THIS APPLICATION.

_____/_____/_____/_____
(Applicant) (Date) (Leasing Agent) (Date)

_____/_____
(Applicant) (Date)

APPLICATION CONDITIONS

I(we) apply to lease the above described premises in accordance with the following understanding:

1. It is understood that the applicant(s) cannot take possession of the premises until the application is investigated and accepted by the Landlord, the first month's rent and security are paid, and the lease is finally signed by the parties. In case the references or lease are not acceptable, the payment(s) made will be refunded less a processing fee of \$50 per application to cover administrative costs.
2. If leases are submitted, they are to be signed by the applicant(s) when presented to them and returned to the above address within three (3) days. Otherwise, the apartment will be offered for rent to others and the payment(s) made forfeited to Landlord as liquidated damages.
3. No unusual decorations and no alterations other than those specifically stated herein are required to be made by the Landlord. The Landlord will not be bound by agreements or promises made by representatives who show apartments, unless written on this form. Failure to make such decorations or alterations within a specified time will in no way affect the lease. The Landlord will make the same as expeditiously as circumstances will permit.
4. The Landlord assumes no responsibility to the applicant(s) for delay in giving possession due to failure of present occupant to vacate at termination of lease, etc..., except that the applicant(s) will be credited upon the rent next to accrue, with an allowance equal to the pro-rata amount of the rent, multiplied by the number of days for which possession cannot be given and the applicant agrees to accept the lease subject to such contingency and condition.
5. All leases will begin on the first of the month. A move-in at any other date will be pro-rated according to the date utilized.
6. You may withdraw this application within three (3) business days of the application date by delivery of a written withdrawal delivered to the office of the Landlord located at 2433 Main Street, Rocky Hill, CT 06067. In the event the Landlord does not approve the Rental Application, your rental deposit will be returned less a \$50.00 fee per applicant to cover processing costs. In the event the Landlord approves the applicant and the applicant fails, refuses, or neglects to enter into a written lease agreement within seven days of notification of approval, the Landlord shall retain the rental deposit as liquidated damages.
7. The undersigned hereby acknowledge and agree that Landlord may make inquiry of the individuals noted hereon.

_____ Initial _____ Date