



Today's Date _____ Date of anticipated move-in _____

PROPERTY APPLYING FOR

- 1. Location – THE RESIDENCE OF STONE RIDGE
Wolcott, CT 06716
2. Term of rental – ONE YEAR LEASE
3. Monthly rent – _____ Please call for pricing
4. Pet Fee – \$200 per pet at move-in
5. Security Deposit Amount – ONE MONTH OF RENT

Application Information

- 6. Applicant name _____ Email _____
7. Address _____
8. Telephone: Home _____ Work _____
9. Birthdate: _____ Birthplace _____
10. I.D. (Driver's License/S.S. No.) _____
11. Race (optional):
a. White (non-Hispanic) _____
b. Black (non-Hispanic) _____
c. Hispanic _____
d. American Indian/Alaskan Native _____
e. Asian/Pacific Islander _____
f. People w/Disabilities _____

Household

12. List all household members who will live in rented premises.

Table with 2 columns: Name, Age/Birthdate. Rows a, b, c, d.

Rental History

- 13. Length of time at current address _____
14. Current mortgage payment _____
15. If renting:
a. Landlord name _____
b. Address _____
c. Phone _____
d. Current rent payment _____

- e. Utility payments _____
- f. Expiration of lease _____

Employment/Financial Background

16. Applicant:

- a. Occupation _____
- b. Employer _____
 - 1) Address _____
 - 2) Telephone _____
- c. Current Salary _____

17. Spouse:

- a. Occupation _____
- b. Employer _____
 - 1) Address _____
 - 2) Telephone _____
- c. Current Salary _____

18. Name of your bank _____

- a. Address _____

19. Other sources of income _____

20. Social Security _____

21. Pension _____

Please attach a copy of most recent social security and/or pension check

22. Other Resource _____

Vehicles

23. Make/Model	Year	Color	State	License Plate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Miscellaneous

24. Have you ever:

- | | | |
|-------------------------------|-----|----|
| a. Been evicted? | Yes | No |
| b. Failed to timely pay rent? | Yes | No |
| c. Filed for bankruptcy? | Yes | No |

If you answered "Yes" to any of the questions in (24) (a)-(c) please explain below.

DISCLOSURE/AGREEMENT/CONSENT

1. I/we authorize you to conduct an employment/credit check concerning my/our application and to verify all references.
2. I/we declare that all information listed on this application is true and accurate.

Applicant Signature & Date

Co-Applicant's Signature & Date

PLEASE MAIL BACK TO:

Tim and Lynne Bobroske
144 North Main Street
Terryville, Connecticut 06786
Telephone Number: 589-3266