

APPLICATION CHECK LIST

1. **COMPLETED APPLICATION FORM:** If you are married, both spouses can complete and sign the same application. However, if you will be sharing the apartment with another adult who is not a spouse, then each adult must complete and sign a separate application.
2. **EMPLOYMENT VERIFICATION FORM:** If you work multiple jobs than you must obtain an Employment Verification Form from each of your employers. Forms must be submitted for each working adult in the apartment. WE CANNOT APPROVE AN APPLICATION WITHOUT THESE FORMS IN OUR POSSESSION.
3. **LANDLORD VERIFICATION FORM:** Each adult must obtain a Landlord Verification Form from his or her present Landlord. WE CANNOT APPROVE AN APPLICATION WITHOUT THESE FORMS IN OUR POSSESSION.
4. **COPIES OF IDENTIFICATION:** Each adult must provide copies of 2 forms of identification plus a copy of their social security card. Valid forms of identification are: Driver's License, State Photo ID, Health Insurance card if policy number is the same as the social security number, student ID, pay stub with a social security number or copy of a recent tax return. WE CANNOT APPROVE AN APPLICATION WITHOUT IDENTIFICATION AND FORMAL PROOF OF SOCIAL SECURITY NUMBERS IN OUR POSSESSION.
5. **PAY STUBS:** Each working adult must provide 2 recent pay stubs. If a person works multiple jobs, pay stubs from each employer must be provided.
6. **FEES:** In order to begin the application process, the following fees are to be collected: \$15.00 credit verification fee for each adult who will be living in the apartment.
7. **REFUNDS:** If you choose to withdraw your application once it has been approved, all the money submitted up to that point will be forfeited. The credit verification fees are non-refundable.
8. **INITIAL COSTS:** The security deposit, pet deposit, and first month's rent must be paid in full before you can receive your keys to the apartment. This money must be paid by money order, bank check or cash. We cannot accept personal checks for Initial Costs. Money Orders or Bank Certified Checks should be made payable to: *Aging Children Properties*.

IMPORTANT: YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION HAS BEEN RECEIVED.

Aging Children Properties PO Box 9200, Waterbury, CT 06724 203 759-0441
APPLICATION to RENT

(Please write clearly. Illegible or incomplete applications will not be processed.)

PERSONAL: Last Name: _____ First: _____ Middle: _____
 Social Security No.: _____ - _____ - _____ Date of Birth (MO/DAY/YR) : _____ / _____ / _____
 Home Phone: (_____) _____ - _____ Driving License No.: _____ State: _____

CURRENT ADDRESS

Address: _____ City: _____ State: _____ ZIP: _____
 How Long? _____ Rent: \$ _____ Manager: _____
 Manager's Phone: (_____) _____ - _____
 Reason for Moving: _____

PREVIOUS ADDRESS

Address: _____ City: _____ State: _____ ZIP: _____
 How Long? _____ Rent: \$ _____ Manager: _____
 Manager's Phone: (_____) _____ - _____
 Reason for Moving: _____

CURRENT EMPLOYMENT

Company Name: _____ City: _____ State: _____
 How Many Months: _____ Name of Supervisor: _____
 Business Phone:(_____) _____ - _____ Job Description: _____
 Current Wages: \$ _____ per _____ **NET Paycheck Amount:** \$ _____ per _____

PREVIOUS EMPLOYMENT

Company Name: _____ City: _____ State: _____
 How Many Months: _____ Name of Supervisor: _____
 Business Phone:(_____) _____ - _____ Job Description: _____
 Wages: \$ _____ per _____ **NET Paycheck Amount:** \$ _____ per _____
 Reason for Leaving: _____

AUTOMOBILE

Make: _____ Model: _____ Year: _____ License No: _____ State: _____
 Financed by: _____ Monthly Payment: \$ _____

REFERENCES:

NAME	CITY	STATE	PHONE
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

PROPOSED OCCUPANTS (other than self)

NAME	RELATIONSHIP	AGE	NAME	RELATIONSHIP	AGE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER INFORMATION

Contact in case of emergency : _____ Phone: (_____) _____ - _____
 Water-filled furniture? _____ If so, describe: _____
 Musical instruments played at home? _____ If so, describe: _____
 Do you receive any Public Assistance? _____ If so, describe: _____
 How Long? _____ Amount per Month: \$ _____
 Have you ever been evicted or asked to move?: _____ If so, give details on separate sheet.

ADDRESS OF PROPERTY APPLIED FOR: _____

PLEASE READ AND SIGN PAGE 2

STATEMENT OF POLICY

The first thing we do with this application is to obtain a *CREDIT REPORT*, followed by employment verification and a search for previous evictions. If you have bad credit or have been evicted in the past, this will be taken into account and your application may be denied. If you intend to apply, please read the rest of this statement carefully because it presents a summary of the terms that will be incorporated into your rental agreement.

DISCLOSURE

Please be advised that Nate Yovina, a member of Aging Children, LLC, is a licensed Realtor in the State of Connecticut. Aging Children, LLC dba Aging Children Properties is only in the business of property management and is not associated with any Real Estate Agency.

If you rent from us, we expect the following from you:

1. **PAY THE RENT ON TIME:** The rent is due on the FIRST day of each month. Rent is paid BY MAIL, and you are responsible for mailing it soon enough to be received on time. There is an extra fee collected for late rent payment, no exceptions.
2. **HAVE RESPECT FOR THE PROPERTY:** We will not tolerate breakage, destruction or misuse of the inside or outside of the building or the grounds. You will be required to abide by certain restrictions and to keep your living area and the surrounding grounds neat and clean. In cases of extreme neglect or abuse, you will be subject to eviction.
3. **HAVE RESPECT FOR THE RIGHTS OF THE NEIGHBORS:** We expect that you will be considerate of your neighbors. Loud stereos, loud parties, yelling, jumping on the floors, banging on walls, beeping horns and other generally inconsiderate behavior will not be tolerated. We will take whatever steps are required (including eviction) to eliminate such problems.

If, after reading these policies, you are interested in renting from us, please complete the application. Thank you for your time and interest.

By signing this application, I am granting Aging Children Properties permission, for the purposes of tenant screening, to obtain a credit report on me, and to make any inquiries deemed necessary to evaluate my tenancy and credit standing, including contacting the employers, landlords/managers, and/or references I have listed on the other side of this application.

A credit report generally consists of: (1) credit history and status of accounts; (2) public records including, but not limited to, judgments, liens, evictions, and status of collection accounts; (3) information verification; (4) current obligations and credit ratings; (5) criminal records. Aging Children Properties obtains credit reports from: *Equifax, PO Box 740241, Atlanta GA 30374-0241*

By signing this application, I am stating that (1) I understand I have the right to dispute the accuracy of any information provided to Aging Children Properties by a screening service or a credit reporting agency; (2) I am aware that I am entitled to a free copy of my credit report if adverse actions result from the information contained therein; (3) I am aware that incomplete or inaccurate information may cause delays or result in denial of the application; (4) I understand that Aging Children Properties charges \$15 for this screening process, and the fee is non-refundable unless Aging Children Properties does not process the application; (5) I have read and understand all the provisions of this disclosure and agree to them.

APPLICANT'S SIGNATURE: _____ Date: _____

Aging Children Properties
PO Box 9200
Waterbury, CT 06724

REQUEST FOR VERIFICATION OF EMPLOYMENT

I hereby authorize my employer to furnish the requested information.

_____ Employer Name	_____ Employee Name
_____ Employer Address	_____ Employee Signature
_____	_____ Date

PRESENT EMPLOYER MUST FILL OUT THIS FORM COMPLETELY, WITHOUT OMISSION.

To Whom it May Concern:

The above listed employee of your company has applied for an apartment. It is required as part of our process to have proof of the applicant's current and anticipated income. Your cooperation and prompt reply will be appreciated. All information on this form will be held in confidence.

Aging Children Properties, Lessor

1. Base pay: per hour _____, salary per week _____, or salary per month _____
2. Is any of the pay listed in 1. in the form of commission or bonus? If so, how much? _____
3. Earnings for the past 12 months: _____
4. How long in your employ? _____
5. Current Position Held: _____
6. Probability of continued employment: _____
7. Average hours worked per week: _____ Overtime hours worked per week: _____

_____ Name and Title	_____ Phone Number
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_____ Signature	_____ Date	PLEASE APPLY COMPANY STAMP/CARD BELOW
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This form should be hand delivered or mailed to:

Aging Children Properties
PO Box 9200
Waterbury, CT 06724

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REQUEST FOR LANDLORD REFERENCE

I hereby authorize my current landlord to furnish the requested information.

Tenant Name

Tenant Signature

Address

City, State

PRESENT LANDLORD MUST FILL OUT THIS FORM COMPLETELY, WITHOUT OMISSION.

The above listed tenant of your building has applied for an apartment. It is required as part of our process to have a reference filled out by the applicant's current landlord. Your cooperation and prompt reply will be appreciated. All information on this form will be held in confidence.

Aging Children Properties, Lessor

1. Are you a relative of the applicant? _____ If yes, what is your relationship? _____
2. Dates of applicant's tenancy: From _____ To: _____
3. How many persons occupy the apartment? Adults _____ Children _____
4. Rental History:
 - a. Amount of monthly rent \$ _____
 - b. Does tenant have a current lease? Yes ___ No ___
 - c. Does rental amount include utilities? Yes ___ No ___
 - d. Did tenant pay on time each month? Yes ___ No ___
 - e. Has tenant ever paid late? Yes ___ No ___
If yes, how many late payments _____
5. Care of apartment and common areas:
 - a. Does tenant keep unit and common areas clean and safe? Yes ___ No ___
 - b. Has the tenant or guest damaged the unit or common areas? Yes ___ No ___
If yes, please describe _____
 - c. Will you withhold any part of the security deposit? Yes ___ No ___
 - d. Did the tenant have problems with insects or rodents? Yes ___ No ___
 - e. Have the tenant, family or guest engaged in any criminal activities? Yes ___ No ___
 - f. Has the tenant, family member or guest acted in a physically violent and/or verbally abusive manner towards neighbors or landlord? Yes ___ No ___
 - g. Would you re-rent to this tenant? Yes ___ No ___

PLEASE INCLUDE A COPY OF THE TENANT'S PAYMENT HISTORY IF ONE IS AVAILABLE. THANK YOU.

Landlord Name

Phone Number

Signature

Date

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