

SOUZA & SONS



RENTAL APPLICATION



581 FARMINGTON AVE. HARTFORD CT. 06105

● Email souzaandsons@sbcglobal.net

FAX & PHONE 860-236-3851 OFFICE TEXT 860-295-3242

● Web www.souzaandsons.com


- This form must be filled out completely and all information must be legible. (Please print)
- Each person over the age of 18 who will be living in the apartment must fill out a separate application.
- If any of the information provided in this application is false, misleading, or incomplete, the entire application is void and the rental will be denied.
- Proper identification must be provided. (drivers license, passport, or state ID card) A photocopy is acceptable.
- **APPLICATION FEE:** Upon return of the completed application, a non-refundable fee of **\$25.00 (per person)** will be paid which covers the cost of processing the application and credit check. The application fee is **NOT REFUNDABLE, even if the application is withdrawn or rejected.**
- Please attach proof of income or ability to pay rent (copy of pay stubs or other income source)
- Additional forms, a copy of our lease, and additional information are available at our web site **www.souzaandsons.com**

Apartment applied for _____ When do you need to move in? _____

Rent \$ _____ Security \$ _____ Is this date flexible? _____

HOW MANY PEOPLE WILL LIVE IN THE APARTMENT? _____ Please list their names & date of birth on the back.

Release: I hereby apply for the apartment listed above. With my signature below I authorize and request all credit reporting agencies, employers, credit and personal references release all pertinent information about me. A photocopy, scan, or fax of this shall be valid as the original. I understand that the credit report (rental history, conviction records, and retail credit history) will be done through the facilities of Safe Rent Solutions, PO BOX 3890, Coppell TX. 75019. Phone (888) 333-2413

APPLICANTS SIGNATURE  _____ **DATE** _____

NAME _____ AKA. _____
FIRST M. LAST Also known as

Cell phone # _____ Yes I text. SOCIAL SECURITY # _____ - _____ - _____

Home phone # _____

Other phone # _____ DATE OF BIRTH _____ / _____ / _____
Month Day Year

Email Address : _____

RENTAL HISTORY: Provide your rental history for FIVE or more years. Use the back if necessary.

CURRENT ADDRESS: _____
APT. BUILDING ADDRESS CITY STATE ZIP CODE

LANDLORD'S NAME: _____ AND PHONE # _____

CURRENT RENT: \$ _____ LENGTH OF STAY _____

REASON FOR MOVING: _____ DO YOU SHARE THIS APT? _____

PREVIOUS ADDRESS: _____
APT. BUILDING ADDRESS CITY STATE ZIP CODE

LANDLORD'S NAME: _____ AND PHONE # _____

RENT: \$ _____ LENGTH OF STAY _____

REASON FOR MOVING: _____ DO YOU SHARE THIS APT? _____

If any of the information provided in this application is false or misleading, the entire application is void and the rental will be denied.

SOURCE(S) OF INCOME / How do you intend to pay the rent/Where do you work?

SOURCE _____ PHONE # _____ ADDRESS _____
CITY STATE ZIP CODE

YOUR POSITION _____ CONTACT NAME _____ YEARS ON JOB _____

INCOME _____ wk/mth/year OTHER SOURCES OF INCOME _____

➔➔➔➔ Please attach proof of income or ability to pay rent (copy of pay stubs or other income source)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

HAVE YOU EVER FILED BANKRUPTCY? YES _____ NO _____

HAVE YOU EVER BEEN ASKED TO MOVE OR BEEN EVICTED ?..... YES _____ NO _____

HAVE YOU EVER REFUSED TO PAY RENT WHEN DUE? YES _____ NO _____

DO YOU KNOW OF ANYTHING WHICH MAY INTERRUPT YOUR INCOME?..... YES _____ NO _____

HAVE YOU EVER CHANGED YOUR NAME? YES _____ NO _____

DO YOU HAVE ANY UNPAID BILLS OR COLLECTIONS ON YOUR CREDIT ?..... YES _____ NO _____

ARE YOU PRESENTLY, OR PLANNING TO ENROLLE IN ANY BRANCH OF THE US MILITARY? YES _____ NO _____

DO YOU HAVE A BUG OR PEST PROBLEM IN YOUR CURRENT APARTMENT?..... YES _____ NO _____

DO YOU HAVE ANY PETS?..... YES _____ NO _____

DOES ANYONE IN YOUR HOUSEHOLD SMOKE ANYTHING, VAPE, OR USE INCENCE? YES _____ NO _____

➔➔➔➔➔ If you answered any of these questions "yes" please explain below.* ←←←←

IN THE EVENT OF AN EMERGENCY WHOM CAN WE CONTACT IF WE CANNOT REACH YOU?

NAME: _____ PHONE: _____ RELATIONSHIP _____

ADDRESS _____

EMAIL ADDRESS: _____

CAR INFORMATION:

Number of cars in household. _____ Make/Model/color _____

Did you remember to sign your application on the front page? _____

NOTES: _____

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For office use only: v 11-2022

App fee paid _____ cash/ ck _____ Date Received: _____