

# SOUZA & SONS



# RENTAL APPLICATION



581 FARMINGTON AVE. HARTFORD CT. 06105

● Email [souzaandsons@sbcglobal.net](mailto:souzaandsons@sbcglobal.net)

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

● Web [www.souzaandsons.com](http://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 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 The application fee is **NOT REFUNDABLE, even if the application is withdrawn or rejected.**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 Core Logic Safe Rent, Tampa, Fl 33631. Consumer Phone (800) 462-3033**

**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:** Please 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? \_\_\_\_\_

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**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, 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 7-2020

App fee paid \_\_\_\_\_ cash/ ck \_\_\_\_\_

Date Received: