

THE  
**W<sup>M</sup>. M. H<sup>O</sup>TCHKISS**  
COMPANY

A FULL SERVICE REAL ESTATE COMPANY

Mailing address:

P.O. Box 801  
New Haven, CT 06503

The Wm. M. Hotchkiss Company  
139 Orange Street, 4th Floor  
New Haven, CT 06510

203-772-3200  
www.wmmhotchkiss.com

**RENTAL CRITERIA:**

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Property      Address

The following must be read and signed by each applicant.

All requested fields on the application must be completed to be considered for processing. It must be signed and dated by each person. All references are checked and verified. Employment and landlords will be contacted to study behavior and payment history. Any history of poor payment history or arrests will be immediate reason for denial. **You must also attach a clear copy of a photo ID for each applicant.**

**There is a non-refundable application fee of \$35.00 PER PERSON which will be paid by BANK CHECK OR MONEY ORDER.**

**CASH AND PERSONAL CHECKS ARE NOT ACCEPTABLE.**

**PLEASE MAKE PAYABLE TO: The Wm. M. Hotchkiss Company**

I have read and understand the above information and I grant permission to perform the background checks.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Phone: 203-772-3200  
Fax: 203-624-2556

## RENTAL APPLICATION

**Notice: Co-Applicant must complete a separate Rental Application Form**

The undersigned hereby makes application to rent unit number \_\_\_\_\_ located at \_\_\_\_\_

**::::: PLEASE TELL US ABOUT YOURSELF :::**

FULL NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

Name of Co-Applicant \_\_\_\_\_

Number of Dependents (excluding Co-Applicant) \_\_\_\_\_ Age of Dependents \_\_\_\_\_

Other Occupants and Their Relationship \_\_\_\_\_

Pets (Number and Kind) \_\_\_\_\_

Email Address \_\_\_\_\_ **\*\*\*Please attach a photo copy of Driver's License**

**::::: PLEASE GIVE YOUR RESIDENCE HISTORY (Beginning With Most Current) :::::::::::::::::::::::**

**CURRENT ADDRESS** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Move in Date \_\_\_\_\_ Rent amount \$ \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Move in Date \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_ Move out date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Owner or Agent Phone ( ) \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Move in Date \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_ Move out date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Owner or Agent Phone ( ) \_\_\_\_\_

**::::: PLEASE GIVE US YOUR EMPLOYMENT INFORMATION :::**

YOUR STATUS: \_\_\_ Employed Full Time \_\_\_ Employed Part-Time \_\_\_ Student \_\_\_ Retired \_\_\_ Unemployed

EMPLOYER \_\_\_ Current \_\_\_\_\_

Date(s) Employed \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor's phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_

If employed by above less than 6 months, give name and address of previous employer or school

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If there are other sources of income you would like us to consider, please list Income, source and person (Banker, Employer, etc) who we could contact for confirmation. You do NOT have to reveal alimony, child support, or spouse's annual Income unless you want us to consider it in this application.

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

**If I am accepted for rental of this unit, I understand that when I sign the lease I will be required to bring the following:**

- 1. Written proof that the utilities have been transferred to my/our name(s) as of the beginning day of the lease.**
- 2. Certificate of Insurance showing Renter's insurance coverage as required.**

**:::: PLEASE LIST YOUR BANK AND CREDIT REFERENCES ::**

Your Bank(s)	City, State	Branch	Type of Account	Account Number
1 _____				
2 _____				

  

Credit References	City, State	Account Numbers
1 _____		
2 _____		
3 _____		

YOUR DRIVER'S LICENSE NUMBER \* \_\_\_\_\_ STATE \_\_\_\_\_  
\* (Please submit a photo copy of your driver's license with this application)

YOUR VEHICLE MAKE/MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ TAG NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

SECOND VEHICLE MAKE/MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ TAG NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

OTHER VEHICLES \_\_\_\_\_

HAVE YOU EVER:	Filed for bankruptcy?	_____ No	_____ Yes
	Been evicted from tenancy?	_____ No	_____ Yes
	Willfully or intentionally refused to pay rent when due?	_____ No	_____ Yes

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**Please give any additional information which might help management evaluate this application:**

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I RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND OTHERS WITH WHOM I MAY BE AQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT I MAY HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_