



APPLICATION FOR RENTAL
(MUST BE COMPLETED IN FULL. PLEASE PRINT)

NAME OF COMPLEX: _____

Garden Homes Management Corporation
29 Knapp Street, P.O.Box 4401
Stamford, CT 06907 (203) 348-2200
www.gardenhomesmanagement.com

DATE: _____

PRESENT
NAME: _____ ADDRESS: _____
Street City State Zip

CO-APPLICANT: _____ ADDRESS: _____
(If different from above)

HOME #: _____ WORK: _____ CELL _____ E-MAIL _____

Family Composition: (Lease restricts occupancy to family members specified below with the exception of children born to occupants during tenancy.)

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #
1.	SELF		
2.			
3.			
4.			
5.			

*NOTE: Any change in occupancy specified above must be reported to the Stamford office and is subject to written approval.

APPLICANT-NAME & ADDRESS OF PRESENT EMPLOYER: _____
TELEPHONE #: _____ POSITION: _____ ANNUAL SALARY: _____ YEARS THERE: _____

If less than one year, Name & Address of Previous Employer: _____
Telephone: _____ Position: _____ Annual Salary: _____ Years There: _____

CO-APPLICANT-NAME & ADDRESS OF PRESENT EMPLOYER: _____
TELEPHONE #: _____ POSITION: _____ ANNUAL SALARY: _____ YEARS THERE: _____

If less than one year, Name & Address of Previous Employer: _____
Telephone: _____ Position: _____ Annual Salary: _____ Years There: _____

OTHER SOURCES OF INCOME: Describe _____ Annual Amount: _____

DO YOU PRESENTLY?(please check one) RENT OWN LIVE WITH A RELATIVE OR FRIEND
Monthly Rent/Mortgage:\$ _____ Years There _____ Reason for Leaving _____
Name & Address of present Landlord: _____

HAS ANYONE LISTED ON THE APPLICATION EVER BEEN CONVICTED OF A CRIME? Yes or No (circle one) If yes, attach explanation on a separate sheet.

NAME OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU: _____
Address: _____ Telephone #: _____ Relationship _____

Please tell us how you heard about our complex: _____

ANY PETS? _____ IF SO, PLEASE DESCRIBE: _____
INITIAL HERE ACKNOWLEDGING THAT YOU HAVE READ THE LEASE REGARDING THE PET RULES _____

Your signature below authorizes us to run background, credit and reference checks in connection with this application. Any misrepresentation of the above may result in rejection of this application. The Superintendent has a copy of our Lease. Your signature below also acknowledges that you have reviewed the Lease and agree to abide by its terms if your tenancy is accepted. A \$50.00 Processing Fee is due with this application. If your tenancy is accepted, it will be applied toward your Security Deposit. If not accepted, you will receive a refund of any monies paid. In all other cases, Application Processing Fees are not refundable.

Signed: _____ Signed: _____
Applicant Date Co-Applicant Date

TO BE COMPLETED BY THE ON SITE REPRESENTATIVE

#B.R. REQUESTED: _____ APPLICATION FEE REC'D:\$ _____ DATE RECEIVED: _____

APT. # _____ # OF B.R. _____ DATE OF OCCUPANCY: _____ PET FEE REC'D:\$ _____

RENTAL RATE:\$ _____ 1st MONTH'S RENT REC'D:\$ _____ SECURITY DEPOSIT REC'D:\$ _____

COMMENTS: _____

SIGNED: _____ DATE: _____ PROOF/TYPE OF ID: _____
On site representative

FOR OFFICE USE ONLY

APPLICANT APPROVED: _____ LEASE EFFECTIVE DATE: _____ NOTES: _____

White Copy: Stamford Office

Yellow: On Site Representative

Pink: Applicant