



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: _____

NAME: _____ PRESENT ADDRESS: _____
Street City State Zip

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

HOME PHONE: _____ WORK PHONE: _____ 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: _____ SALARY: _____ YEARS THERE: _____

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

CO-APPLICANT/SPOUSE-NAME & ADDRESS OF PRESENT EMPLOYER: _____
TELEPHONE #: _____ POSITION: _____ SALARY: _____ YEARSTHERE: _____

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

OTHER SOURCES OF INCOME: Describe _____ AMOUNT: _____

NAME & ADDRESS OF PRESENT LANDLORD: _____
TELEPHONE #: _____ RENT: \$ _____ YEARS THERE: _____ REASON FOR MOVING: _____
If not presently renting, do you own? _____ OR Do you live with a relative or friend? _____

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 #: _____

Please tell us how you heard about our complex: _____

ABSOLUTELY NO DOGS, CATS OR OTHER PETS PERMITTED-SEE PARAGRAPH 14 OF THE LEASE. INITIAL HERE ACKNOWLEDGING THAT YOU HAVE READ THE LEASE _____

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. _____ # OF A.C.'S: _____ RENTAL RATE:\$ _____

1st MONTH'S RENT REC'D:\$ _____ SECURITY DEPOSIT REC'D:\$ _____ DATE OF OCCUPANCY: _____

COMMENTS: _____

SIGNED: _____ DATE: _____
On site representative

FOR OFFICE USE ONLY

APPROVED: _____ LEASE DATE: _____ PRO-RATED LATE
RENT: \$ _____ CHARGE:\$ _____