



**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 PH: (203) 348-2200 FAX: (203) 967-8372  
www.gardenhomesmanagement.com

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PRESENT ADDRESS: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Street City State Zip

CO-APPLICANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

(If different from above)  
HOME #: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

List all occupants below: (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.	Head of Household		
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 & Tel # 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.

ANY PETS? \_\_\_\_\_ IF SO, PLEASE DESCRIBE: \_\_\_\_\_

INITIAL HERE ACKNOWLEDGING THAT YOU HAVE READ THE LEASE & ADDENDUM REGARDING THE PET RULES \_\_\_\_\_  
BREED HEIGHT WEIGHT AGE

NAME OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Relationship \_\_\_\_\_

PLEASE TELL US HOW YOU HEARD ABOUT OUR COMPLEX: \_\_\_\_\_

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 Rental Agent has a copy of our Lease. It is also available on our website. 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: \$ \_\_\_\_\_

APT. # \_\_\_\_\_ # of B.R. \_\_\_\_\_ DATE REC'D: \_\_\_\_\_

DATE OF OCCUPANCY: \_\_\_\_\_ 1st MONTH'S RENT REC'D: \$ \_\_\_\_\_

RENTAL RATE: \$ \_\_\_\_\_ SECURITY DEPOSIT REC'D: \$ \_\_\_\_\_

PROOF OF ID: \_\_\_\_\_ PET FEE REC'D: \$ \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

On-Site Representative

**FOR OFFICE USE ONLY**

APPROVED: \_\_\_\_\_ LEASE DATE: \_\_\_\_\_ NOTES: \_\_\_\_\_