



PRIME MANAGEMENT LLC.
560 ORCHARD ST
NEW HAVEN, CT 06511
TEL:(203) 850-9726
TEL: (203) 562-7368
FAX: (866) 295-8892
Info@PrimeManagementCT.com

Rental Application

Application fee - \$40.00 per adult (NON-REFUNDABLE) CASH, BANK CHECKS, OR MONEY ORDERS ONLY

Binder: Apartments are not held without a binder, all binders are non-refundable. Documents required to process application:

DOCUMENTS REQUIRED TO PROCESS APPLICATION:

1. Proof of income
2. Photo ID
3. Social Security Card

This application is confidential. This information will not be shared with any third party, including Section 8, Rap, and Housing Authorities. Application must be completely filled out.

Property Address: _____

Projected Move-in date, if Accepted: _____ **Today's Date:** _____

1st Applicant's Name: _____ **D.O.B:** _____

Social Security #: _____ **Driver's License #:** _____

Present Address: _____ **Telephone #:** _____

2nd Applicant's Name: _____ **D.O.B:** _____

Social Security #: _____ **Driver's License #:** _____

Present Address: _____ **Telephone #:** _____

Present Landlord Name: _____

Address: _____ **Telephone #:** _____

How Long at this address? _____

Reason for leaving? _____ **Was notice given? Yes** ___ **No** ___

Total Rent _____ **Your Portion** _____ **Security Deposit Amount** _____

Previous Address (Within the past 3 years): _____



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Previous Landlord Name: _____ Telephone #: _____

Reason for leaving? _____

1st Applicant Employed By: _____ Telephone #: _____

Position: _____ How long? _____ Monthly Salary _____

Person to Contact: _____ Telephone #: _____

Address: _____

Previous Employer: _____ How Long? _____ Salary: _____

2nd Applicant Employed By: _____ Telephone #: _____

Position: _____ How long? _____ Monthly Salary _____

Person to Contact: _____ Telephone #: _____

Address: _____

Previous Employer: _____ How Long? _____ Salary: _____

Do you receive the following programs: How much 3SSS _____

Do you have a checking account? _____ Where? _____

Do you have a savings account? _____ Where? _____

List all other sources and amounts of income: _____

Vehicle information:

Make: _____ Model: _____ Color: _____

Year: _____ Registration #: _____ State: _____





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Personal References (Not Related) List 3 and Give Telephone Numbers

1. _____
2. _____
3. _____

Has anyone in the apartment ever been served an eviction notice or has been asked to vacate the property that you were renting? _____ If yes, explain _____

Have you ever been served a notice to quit? _____

Has anyone living in the apartment ever willingly and intentionally refused to pay rent? _____

Has anyone living with you ever been convicted of a crime? What? _____

Have you ever had a judgment entered against you? _____

Are you presently an illegal abuser of a controlled substance? _____

Has anyone residing in the apartment ever had a problem with lead paint? _____

Is anyone residing in the apartment in the military? _____

Name, Age, and Relationship of every person living with you: _____

Is there anyone you don't want named on the lease? Who? _____

In case of emergency, contact: _____

Do you have any pets? What kind? _____

**YOU ARE NOT OBLIGATED TO ANSWER THE THE FOLLOWING QUESTIONS.
YOUR ANSWERS WILL NOT AFFECT YOUR APPLICATION.**

Do you or someone living with you have any medical issues you would like us to know?

Are there any medical issues that may affect others? _____





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This application is made with the understanding that it is contingent upon acceptance and execution by the owner/manager/employer/agent.

Release: In consideration for being permitted to apply for this apartment/house, I, Applicant do represent all information in this application to be true and accurate and that the owner/manager/employee/agent may rely on this information when investigating and accepting this application. With my signature I herby authorize all my credit reporting agencies, employers, credit and personal references to release all pertinent information about me. A photocopy of this shall be as valid as the original.

I do also herby authorize the owner/manager/employee/agent to make periodic additional inquiries on the above-mentioned information without further permission by me.

The undersigned agrees that all reasonable costs of collection, including reasonable attorney fees, and interest from the date on invoice(s) as allowed by state law will be paid by the individual.

I do state the statements above are correct under Penalty of Perjury. I further agree that the Lesser may terminate any lease if any false statements have been made.

It is understood that the above information will be held strictly confidential.

1st Applicant's Signature: _____ **Date:** _____

2nd Applicant's Signature: _____ **Date:** _____