RENTAL APPLICATION

Manafort Place Apartments 321 Paul Manafort Drive New Britain, CT 06053

www.ApartmentsatCCSU.com

Note: One application should be filled out for each person who is applying to live in the apartment

Projected Move-in dat				in, CT, 06053 Today's Date:	
Applicant Name:				D.O.B	
Driver's License #:					
Cell Phone #:		Email Addr	ess:		
Present Address:		Telephone #:			
Present Landlord:					
N	ame	Ad	dress	Phone #	
How Long at this add	ress?				
Reason for leaving		Was Notice Given? Yes No			
Vehicle Info:					
Make	Model	Color	Year	Reg # State	
Are you a student at C	Central Connection	cut State Universit	cy?		
Are you a full time stu	dent or part time	e student?			
Are you on a scholarsl	hip at the univers	sitv?			
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Are you or your paren	ts currently servi	ng in any branch	of the U.S. Milita	ry?	
Have you ever been se	erved an eviction	notice or been as	ked to vacate a p	roperty you were renting?	
Have you ever willfull	y and intentiona	lly refused to pay	rent ?		
Have you ever been co	onvicted of a crii	ne other?			
Have you ever had a j	judgment entered	l against you?			
Are you presently an i	llegal abuser of a	a controlled substa	ance?		
Have you ever been co	onvicted of illega	l manufacture or	distribution of an	y controlled substance?	
In case of Emergency	contact:				
Danast 1 Evil Nova a					
Parent 1 Hama Address					
raient i nome Addres					
Parent 1 Home Phone	Number:				
Parent 1 Cell Phone Nu	ımber:				
Parent 1 email address	s:				
Parent 1 Employer Na	me:				
Parent 1 Employer Ad	dress:				
Parent 1 Work Phone	#:				
Parent 2 Full Name:					
Parent 2 Home Address	ss:				
Parent 2 Home Phone					
Parent 2 Cell Phone N	umber:				
I I II O II O I I					

Parent 2 email address:
Parent 2 email address: Parent 2 Employer Name: Description of the control of t
Parent 2 Employer Address:
Parent 2 Work Phone #:
This application is made with the understanding that it is contingent upon acceptance and execution by the owner/manager/employee/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 below I hereby authorize all 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 hereby authorize the owner/manage/employee/agent to make periodic additional inquiries on the above-mentioned information without further permission by me.
I do state the statements given above are correct under Penalty of Perjury. I further agree that Lessor my terminate any lea se if any false statements have been made.
It is understood that the above information will be held strictly confidential.
Applicant Signature Date

YOU NEED TO RETURN THE FOLLOWING ITEMS

- 1. Completed and signed application
- 2. Copy of your driver license (front side) (If you don't have a driver license, another form of photo ID may be acceptable as long as it has your permanent address like a passport or military ID)
- 3. Copy of driver license of parent(s) who are cosigning the lease (front side)

THREE OPTIONS FOR RETURNING ITEMS ABOVE

1. MAIL TO:

CT Property Services, LLC 27 Hitching Post Drive Southington, CT 06489

2. SCAN TO EMAIL:

Or scan it in an email with signature to: info@apartmentsatccsu.com

3. DROP BOX:

Or put it in the rental payment drop box in the basement of the front entrance to the building and call/text/email me to let me know you put it there.

Questions:

Email: info@apartmentsatccsu.com

Phone/Text: 860-893-5251