

GAP REALTY, INC.
385 STATE STREET, PO BOX 659
NORTH HAVEN, CT. 06473

TELEPHONE (203) 281-5836
FAX (203) 281-5846

APPLICATION FOR RENTAL

Property Name: _____ Rent: _____ \$
Address: _____ Security _____
Deposit: _____ \$
Apt.#: _____ Size: _____ Total: _____ \$
Term of Lease: _____ Less Deposit: _____ \$
Commencing: _____ Balance Due: _____ \$
Agent: Ariana Farino Cell: (203) 687-3325 Email: afarino3@gmail.com

Name: _____ Home Phone: _____
Social Security #: _____ Date of Birth: _____
Present Address: _____
(Street) (City/State) (Zip Code)

Length of Residence: _____ Current Rent Amount: _____
Reason for Moving: _____
Landlord's Name/Phone #: _____

Occupants

Name: _____ Relationship: _____
Social Security #: _____ Date of Birth: _____
Name: _____ Relationship: _____
Social Security #: _____ Date of Birth: _____
Children: Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____
Name: _____ Relationship: _____ Age: _____

Employment

Company Name: _____
Address: _____
Telephone: _____ Supervisor's Name: _____
Salary: _____ Position: _____ Length of Employment: _____
(Spouse/Co-Tenant/Co-signer)
Company Name: _____
Address: _____
Telephone: _____ Supervisor's Name: _____
Salary: _____ Position: _____ Length of Employment: _____

Credit References

Bank (Savings): _____ Branch: _____
Bank (Checking): _____ Branch: _____
Credit Cards: (1): _____ (2): _____ (3): _____
Year/Make of Car: _____ Plate#: _____
Nearest Relative Name: _____ Phone#: _____
Nearest Relative Address: _____
Does applicant have any pets? _____ No Dogs Allowed

PLEASE READ CAREFULLY BEFORE SIGNING

A \$35.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED TO PROCESS YOUR APPLICATION. BY SIGNING THIS APPLICATION YOU GIVE US PERMISSION TO DO A CREDIT CHECK, EMPLOYMENT VERIFICATION AND LANDLORD VERIFICATION. REQUIREMENTS INCLUDE GOOD CREDIT (650+), VERIFICATION OF THREE TIMES OF THE MONTHLY RENT GROSS LEGAL SOURCE OF INCOME, INCLUDING MOST RECENT PAYSTUB, AND NO PRIOR EVICTION HISTORY. PLEASE INCLUDE A COPY OF YOUR PHOTO I.D.

UPON APPROVAL, A MINIMUM ONE MONTH DEPOSIT IS REQUIRED WHICH WILL BE FORFEITED IF APPLICATION IS RESCINDED.

Applicant's Signature

Date

Applicant's Signature

Date

