

**Brewery Square**  
One Brewery Square  
New Haven, CT 06513  
Tel: (203) 776 8426 Fax: (203) 777 8518  
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## Brewery Square Rental Application

Brewery Square is financed in part by the U.S Department of Housing and Urban Development.

*We thank you for your application. Please help us promptly process this application by clearly completing all of the required information.*

Date of Application \_\_\_\_\_

Type and Size of Unit Requested (specific unit # if known) \_\_\_\_\_

Desired Occupancy Date \_\_\_\_\_

Price Range of unit requested \_\_\_\_\_

How did you hear about Brewery Square Apartments? \_\_\_\_\_

### PERSONAL INFORMATION

Applicant's Full Name (middle name required) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # and State of issue \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Optional Information: This information will be utilized for statistical purposes in fulfilling our Affirmative Fair Marketing Plan.

Race

American Indian or Alaska Native      Asian      Black or African American  
Native Hawaiian or Other Pacific Island      White      Other      Did not specify

Ethnicity

Hispanic or Latino      Not-Hispanic or Latino      Did not specify



Managed by The Shoreline Corporation



**EMPLOYMENT/ INCOME INFORMATION (CONTINUED)**

Supervisor's Fax. # \_\_\_\_\_ Present Income \$ \_\_\_\_\_ per year.

If Hourly, Base Pay Rate, per hour \$ \_\_\_\_\_ Number of hours per week \_\_\_\_\_

**OTHER INCOME (Social Security, Pensions, Income from Assets, Alimony, Etc.)**

Please list Type and Annual Amount

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

IF STUDENT, LIST SCHOOL \_\_\_\_\_

Address of School \_\_\_\_\_

Are you a Full-Time Student?    YES                      NO

Present Grade Level \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

GUARANTOR NAME \_\_\_\_\_

Guarantor Telephone # \_\_\_\_\_

Relationship to Guarantor \_\_\_\_\_

**BANK, CREDIT AND PERSONAL REFERENCES**

BANK \_\_\_\_\_

Branch Address \_\_\_\_\_

Account # \_\_\_\_\_    Checking    Savings    Loan

Account # \_\_\_\_\_    Checking    Savings    Loan

CREDIT REFERENCE \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**ADDITIONAL HOUSEHOLD MEMBERS**

List all other persons who will occupy the apartment (not including Applicant)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you ever been evicted from an apartment?      YES                      NO

If yes, please explain the circumstances \_\_\_\_\_

Have you ever been found guilty or been convicted of a crime?      YES                      NO

If yes, please explain \_\_\_\_\_

Are you or any household members subject to any state sex offender registration programs?  
(Failure to respond to the question may jeopardize the approval of the application)      YES                      NO

If yes, please explain \_\_\_\_\_

Do you own pets?              YES                      NO

If yes, please provide basic pet formation \_\_\_\_\_

NUMBER OF VEHICLES      1                                      2

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_ State of Issue \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_ State of Issue \_\_\_\_\_

Do you plan to sign up for parking in the gated lot?      YES                      NO

## AUTHORIZATION

*PLEASE READ CAREFULLY BEFORE SIGNING:*

In considering this application from you, Management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent the accuracy of the information, and you authorize Management to verify any information that you have included. In addition, you authorize Management the right to conduct a credit and criminal background check. Applicant will be rejected for either falsifying or misrepresenting any information on this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* All applicants over the age of 18 must fill out an application.**

**\* All applicants over 18 must execute a separate landlord and employment verification authorization form. Applications are not considered complete without these verifications.**