

Brewery Square
One Brewery Square
New Haven, CT 06513
Tel: (203) 776 8426 Fax: (203) 777 8518
Email: manager@brewery-square.com
www.brewery-square.com

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

RESIDENCE HISTORY

PRESENT RESIDENCE ADDRESS _____

City _____ State _____ Zip Code _____

Please check one of the following Rent Own

Length of Time at Present Address _____

Present Landlord or Mortgage Holder _____

Landlord or Mortgage Holder's Telephone # _____

Fax # (for purpose of sending out verification) _____

Amount of Rent or Mortgage \$ _____ Reason for Moving _____

PREVIOUS RESIDENCE ADDRESS _____

City _____ State _____ Zip Code _____

Please check one of the following Rent Own

Length of Time at Previous Address _____

Previous Landlord or Mortgage Holder _____

Landlord or Mortgage Holder's Telephone # _____

Fax # (for purpose of sending out verification) _____

Amount of Rent or Mortgage \$ _____ Reason for Moving _____

List previous states resided in _____

EMPLOYMENT/ INCOME INFORMATION

PRESENT STATUS: Employed Full-Time Part-Time Unemployed
 Retired Student

EMPLOYED BY: _____ How Long? _____

Employer's Address _____

Position Held _____ Department _____

Supervisor _____ Supervisor's Telephone # _____

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

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

ADDITIONAL OR PREVIOUS EMPLOYMENT: _____ How Long? _____

Employer's Address _____

Position Held _____ Department _____

Supervisor _____ Supervisor's Telephone # _____

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.**