

**140 RUSS ST.  
HARTFORD, CT 06106  
860-278-5000  
860-727-1217-fax**

## **APPLICATION LIST**

**The following information must accompany the application:**

- 1. Application-----** please fill in completely and sign
- 2. Picture I.D. -----** for each person 18 years or older
- 3. Social Security cards-** for each person
- 4. Employment verifications –** 2 consecutive and current paystubs
- 5. All other income-** please provide current verification for all incomes such as state assistance, child support, any social security benefits, pension, unemployment alimony, etc.
- 6. Landlord verification-----**to be completed by present landlord
- 7. Section 8 Voucher -** copy of section 8 voucher assistance



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**Dear Applicant,**

**To ensure that your application is processed in a timely fashion, kindly comply with the following instructions:**

- It is important that your application is completed in its entirety. We are unable to process applications that are incomplete. The application process will begin once all documents are received.**
- If you have a certificate or voucher from any housing agency, such as Imagineers, Hartford Housing, Community Renewal Team etc., please advise us immediately.**
- For all Market Rate units, there is a non-refundable application fee of \$40.00.**
- It is the responsibility of the applicant to provide all proof of income to our office including the landlord verification. All income must be verified, such as, unemployment benefits, social security income, disability benefits, child support, alimony, state assistance etc.**
- If you are placed on our waiting list, you will be notified. After six months, if you continue to be on our waiting list, it is your responsibility to notify our office if you change any of your contact information including address and phone numbers.**
- Billings Forge Apartments / New Song, LLC does not discriminate against any applicant on the basis of race, sexual orientation, age, gender, religion, political affiliation, national origin, physical or mental disability, marital status, learning disability, lawful source of income, individuals with children, or any other status protected by statute. In addition, we pledge to aggressively and affirmatively market available units to qualified persons of all backgrounds.**

**Thank you for your interest in applying for an apartment at Billings Forge.**

**My signature indicates that I have read, understand and agree to the above application process for tenancy at Billings Forge. All adult household members, 18 years or older, must sign and date below.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



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## **AUTHORIZATION FORM FOR CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS**

In connection with your application for tenancy at Billings Forge, I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, landlord-tenant court records, driving record, education, prior employer verification, workers compensation claims and others.

By signing below, you hereby authorize without reservation, any part or agency contacted by Billings Forge, to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at any time during tenancy. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original. By signing below, you also authorize without reservation Real Page, Inc. to provide an applicant's information to various government, law enforcement, and Consumer Reporting Agencies.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, and federal, state and local agencies having knowledge about you to furnish Real Page, Inc. with any and all background information in their possession regarding you.

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*The following is for identification purposes only to perform the background for all adults 18 years or older.*

**1.** Print your name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB(mm/dd/yyyy): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**2.** Print your name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB(mm/dd/yyyy): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_



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1. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ work # \_\_\_\_\_ cellular: \_\_\_\_\_

Present Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long at present address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

List all occupants to reside in the apartment and their relationship to applicant

Name	Date of Birth	Social Security #	Relationship to Applicant

**STUDENT STATUS**

Is there any persons in the household that are either full-time or part time students during this calendar year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

Yes     No



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**Employment:**

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Hour per Week: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_ How long employed: \_\_\_\_\_

**Other Income:** (list all other sources of income ie. Unemployment, AFDC, child support, alimony )

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ frequency: \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ frequency: \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ frequency: \_\_\_\_\_

**Banking Info:** (list all banking information)

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**Vehicle Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Lic. Plate #: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever been convicted? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_



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I, the applicant certifies that above information is true and accurate and understand that false or incomplete information will be cause for rejection of this application or termination of any subsequent rental agreements. I/We are the persons who will reside in the apartment if this application is approved. Billings Forge may verify all information given above and other pertinent background information directly or through a reporting agencies.

If applicant withdraws application, any monies paid towards security deposit or rent will be forfeited. If the application is denied, the monies will be returned to applicant. If approved, any monies deposited with application will be applied towards security deposit and/or processing fees at the owner's discretion. Management shall not be liable for any delay in the said date apartment will be ready for occupancy. First month's rent and security deposit must be paid in full prior to move in by bank check or money order only.

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Signature

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Date



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**PRESENT/ PREVIOUS LANDLORD VERIFICATION**

**Billings Forge/ New Song, LLC/ New Deal, LLC has permission to request the following information from my present and/or previous landlord.**

**Applicant Name (please print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

.....  
**To Whom It May Concern:**

**The above mentioned applicant has submitted an application for housing here at Billings Forge Apartments. We would appreciate you answering the following confidential questions:**

- 1. Address where the applicant currently resides:** \_\_\_\_\_
- 2. What was the applicants monthly rent?:** \_\_\_\_\_ **Length of residency:** \_\_\_\_\_
- 3. Did the applicant pay rent on time? Yes** \_\_\_\_\_ **No** \_\_\_\_\_, **If no, how many late times** \_\_\_\_\_
- 4. Were eviction proceedings (NTQ) ever initiated against this tenant? Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
**If so, how many times and why:** \_\_\_\_\_
- 5. Did applicant have any returned checks? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If so, how many:** \_\_\_\_\_
- 6. Did applicant have pets?: Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **How many, what kind:** \_\_\_\_\_
- 7. Have complaints been registered against this household or their guests for:**  
**Noise: Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Pets: Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Drugs: Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
**Other:** \_\_\_\_\_
- 8. Does resident currently owe you money?: Yes** \_\_\_\_\_ **No** \_\_\_\_\_, **if so, how much and for**  
**What:** \_\_\_\_\_
- 10. Did resident leave the apartment in good condition? Yes** \_\_\_\_\_ **No** \_\_\_\_\_
- 11. Would you consider renting to this resident again?: Yes** \_\_\_\_\_ **No** \_\_\_\_\_
- 12. What is your relationship to the applicant?:** \_\_\_\_\_

**To the best of my knowledge, the above information is valid and correct.**

**Landlord/ Owner Name (print):** \_\_\_\_\_

**Landlord/ Owner Signature:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

