



891 West Boulevard
Hartford, Connecticut 06105

Telephone: 860-523-1740

FAX: 860-232-7448

Security Deposit Amount \$ _____
Application Fee \$35.00 Amount Paid \$ _____
Bal. of Security Deposit Due at Move-In \$ _____

Apartment Rental Amt. \$ _____
Amount paid Towards Rental \$ _____
Balance of Rent Due at Move-In \$ _____

Number of the Apt. Renting _____ Proposed MOVE-IN Date _____

PLEASE PRINT CLEARLY

TAKE THE TIME TO COMPLETELY AND ACCURATELY FILL OUT THIS APPLICATION

GENERAL INFORMATION

Head of Household: _____ Social Sec.#: _____ - _____ - _____

Address: _____ Date of Birth: _____

Home Tel.#: _____

Mailing Address: _____ Work Tel.#: _____

_____ ST _____ Zip _____ Message Tel.#: _____

LIST ALL PERSONS WHO WILL LIVE IN THE APARTMENT. List Head of Household First:

NAME	RELATIONSHIP	BIRTHDATE	AGE	SOCIAL SECURITY NUMBER
1.	HEAD			
2.				
3.				
4.				

INCOME: List all sources of income as requested below:

FAMILY MEMBER SOURCE OF INCOME

_____ a. Wages Monthly Amount \$ _____

_____ b. Social Security Monthly Amount \$ _____

_____ c. AFDC..... Monthly Amount \$ _____

ASSETS:

Checking Account(s)

_____ Bank _____ City _____ ST _____ Zip Code _____ Balance \$ _____

Savings Accounts(s)

_____ Bank _____ City _____ ST _____ Zip Code _____ Balance \$ _____

REFERENCE INFORMATION:

Current Landlord Information:

Name _____ Living There Since _____

Address _____ City _____ ST _____ Zip Code _____

Business Phone: _____ Monthly Rent Payment: _____

Previous Landlord Information:

Name: _____ From _____ To _____

Address _____ City _____ ST _____ Zip Code _____

Business Phone: _____ Monthly Rent Payment: _____

EMPLOYMENT INFORMATION:

Employer: _____ From _____ To _____

Address: _____ City: _____ St. _____ Zip Code: _____

Business Phone: _____ Position: _____ Earnings _____

Co-Applicant's Employer: _____ From _____ To _____

Address: _____ City: _____ St. _____ Zip Code: _____

Business Phone: _____ Position: _____ Earnings: _____

ADDITIONAL INFORMATION:

Have You Been Evicted From Other Housing? Yes _____ No _____

Have You Ever Been Convicted of a Felony? Yes _____ No _____

Are you currently using illegal drugs? Yes _____ No _____

PERSONAL (NOT RELATED TO YOU) REFERENCES:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

CREDIT REFERENCES:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

EMERGENCY INFORMATION ONLY:

In Case of Emergency Notify: _____

Street _____ City _____ ST _____ Zip Code _____

Phone _____ Relationship _____

PETS:

Do you own any pets? Yes _____ No _____

CERTIFICATION

I hereby certify that the information provided on this application is true and complete to the best of my knowledge and that I have listed the total income of every member of my family. Inquiries may be made to verify all statements. I acknowledge that this application constitutes my request for an apartment from BOULEVARD COMMUNITY, LLC and that the above information will be held in the strictest confidence by BOULEVARD COMMUNITY, LLC. This application does not obligate me or the owner/agent in any way. I understand that **NO PETS** are allowed in any apartment at any time.

(Applicant Signature)

(Co-Applicant Signature)

DATE

DATE

Applicant agrees that neither this application nor the deposit confers any right to occupy the premises and agrees that any entry on the premises before execution of the approved Lease and payment of the full Security Deposit shall constitute a trespass under the law. However, upon execution of the Lease, this application will become a part thereof.

Boulevard Community, LLC is an Equal Housing Opportunity company, with projects in compliance with 504 and Fair Housing Regulations. Boulevard Management accommodates any applicants who need assistance in filling out this application.



891 West Boulevard
Hartford, CT 06105

Telephone: 860-523-1740
FAX: 860-232-7448

Authorization for the Release of Information

RELEASE: In consideration for being permitted to apply for this apartment, I/we Applicant(s), do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant(s) hereby authorizes the owner/manager/agent to make independent investigations to determine my/our credit, financial, character standing, rental history, arrest and/or including conviction records, and retail credit history. Applicant(s) hereby authorizes any person, or credit checking agency having any information on applicant(s) to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant(s) hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of Landlord and their credit checking agencies in connection of processing, investigating or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I/we understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities of The Info Center, Inc. Feeding Hills, MA 01030, Consumer Phone 413-562-5650 and Boulevard Community, LLC, 891 West Boulevard, Hartford, Ct. 06105 860-524-1740

INFORMATION COVERED:

Inquiries may be made regarding:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, Assets
- Federal, State or Local Benefits
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residence and Rental Institutions
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

- Banks or Other Financial Institutions
 - Courts
 - Law Enforcement Agencies
 - Credit Bureaus
 - Employers, Past and Present
- PROVIDERS OF:**
- Alimony
 - Child Care
 - Child Support
 - Credit
 - Medical Care
 - Pensions/Annuities
 - Utility Companies
 - Welfare Agencies

Signature and Printed Name of All Adult Household Members applying for an apartment:

X _____ Signature of Head of Household	_____/_____/_____ Date of Birth	_____/_____/_____ Soc. Sec. Number	_____ Printed Name of Head of Household
X _____ Signature of Head of Household	_____/_____/_____ Date of Birth	_____/_____/_____ Soc. Sec. Number	_____ Printed Name of Head of Household
X _____ Signature of Head of Household	_____/_____/_____ Date of Birth	_____/_____/_____ Soc. Sec. Number	_____ Printed Name of Head of Household

Dated _____ 2001 _____.