

111 Roberts Street, Suite G-1
East Hartford, CT 06108
860-231-8080, Ext 161 phone
860-231-9435 fax
christinem@wksmanage.com

M-TN-9-3
F-9-2

Instructions For Apartment Application

Application and Fees:

Please complete the attached APPLICATION PACKAGE. Return these to our office with a CHECK OR MONEY ORDER for the "Application Fee". There is a charge of \$50.00 for each member of the household that is 18 years of age and over who will be living in the apartment. This is considered the "Application Fee" and is NON-REFUNDABLE. Cosigners must be processed in the same manner as applicants. **All Application fees and deposits handed in with completed applications must be in the form of a money order or certified bank check, no cash or personal checks will be accepted.** Incomplete applications will not be accepted. Checks must be made payable to: **47 Pratt Street, LLC.**

Identification:

We require 2 (two) forms of identification. A government issued Picture I.D. with date of birth, and a social security card. These should accompany your completed application.

Income Verifications:

Please have YOUR EMPLOYER complete the attached "Employment Verification Form" and return it to us. We also need a copy of your last three most recent pay stubs.

Assistance Programs:

All sources of income assistance or rental assistance must be verified to be considered. Please bring all necessary documents as proof of any assistance.

Rental History:

Please have YOUR LANDLORD complete the "Landlord Verification" and return it to us. Residency must be verified for the past 24 months.

Applications will not meet approval criteria if any of the following apply:

Unfavorable credit report, unfavorable landlord references, eviction within the past five years, reasonable doubt as to the ability to pay rent satisfactorily (rent should not exceed 40% of family's gross monthly income) or an arrest and/or conviction history. **Applicants with a drug related or non-violent felony conviction within the last five years will not be eligible for approval.**

There will be no time limit, and applicants will automatically be rejected with the following: **1) Applicants with a sex offender conviction or inclusion on the Sex Offender Registry; 2) Applicants with a violent felony conviction, such as murder, manslaughter, assault, kidnapping, rape, robbery, or any offense that includes a weapon charge.** Our policy for resident selection and screening is established to evaluate the applicant's ability to comply with the terms and conditions of our lease agreement if the application is approved.

**Parking is available. Pets are allowed. Certain Restrictions Apply. See attached Pet Policy.
This is a "NO SMOKING" Property. Smoking is prohibited on the entire premises.**

Deposits Required:

A security deposit will be required. This is, in most cases, equal to one month's rent. In some cases, however, it can be higher based on credit, rental and employment history. If this occurs, you will be informed at the time your application is approved. A \$500.00 deposit is required to hold an apartment. This must be paid by money order at the time your application is submitted. This becomes part of the security deposit.

Once your application is approved a deposit equal to at least one-month's rent must be paid within five (5) business days from the date of approval or the apartment will not be held.

All other funds due, including any additional security deposit and your first month's rent (if applicable) must be paid at the time of move in. If application is approved, then applicant agrees to enter into a lease agreement and pay rent as of the date the apartment is ready for occupancy.

Should you decide not to take the apartment after approval, all money will be forfeited.

Occupancy Limits:

1 BR = 2 persons

2BR = 4 persons

Applicant's Acknowledgement:

I have read and understand the apartment application instructions.

Applicant: _____

Date: _____

Applicant: _____

Date: _____

Revised: 08/01/2022

RENTAL APPLICATION

Full Name: _____ Phone: _____ Cell: _____ email: _____

SSN: _____ Current Address: _____ City / Town: _____ State: _____

Zip: _____ How Long? _____ Own / Rent? _____ Monthly Rent / Mortgage \$ _____

Driver Lic # _____ State Issued _____

Current Landlord: _____ Landlord's Phone: _____ Landlord's email _____

Previous Address: _____ City / Town _____ State _____ Zip Code _____ How Long? _____

Landlord: _____ Landlord's Phone: _____

HOW WERE YOU REFERRED TO US? _____

Employment Information

Current Employer _____ Address _____ Phone _____ Fax _____

Email _____ City / Town _____ State _____ Zip _____ How Long? _____

Position _____ Supervisor _____ Weekly / Bi-Weekly / Monthly Income \$ _____ Part Time or Full Time? _____
 (circle one) (circle one)

Vehicle Information

Make _____ Model _____ Color _____ Plate# _____

Make _____ Model _____ Color _____ Plate# _____

Total No. Of Occupants:

Occ. 1: _____ 18 years or older?: _____ D.O.B _____

Occ. 2: _____ 18 years or older?: _____ D.O.B _____

Occ. 3: _____ 18 years or older?: _____ D.O.B _____

Occ. 4: _____ 18 years or older?: _____ D.O.B _____

Please provide us with two(2) personal references below that we may contact:

Name: _____ Address: _____ Phone#: _____

Name: _____ Address: _____ Phone#: _____

Have you or any member of the household ever been evicted from any housing within the last five years? Yes / No (circle one)

I (we) hereby certify that I am (we are) the person (s) making this application and that all information contained herein is true and correct in every particular. I (we) understand that while processing this application an investigative report may be made whereby information may be obtained as to character, general reputation, personal characteristics and mode of living (you have a right to make written request for a complete and accurate disclosure of the nature and scope of any such investigative report) I (we) as applicant(s) have deposited with landlord \$ _____. I (we) understand that \$ _____ of this amount is nonrefundable processing fee and the balance is an application deposit. If this application is rejected, the application deposit will be refunded in full by the Landlord. I (we) understand that in the event I (we) are approved for an apartment and choose not to enter into a lease, all deposits will be forfeited. This application shall be attached to and shall constitute a part of the lease hereby applied for.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

RENTAL APPLICATION

Full Name: _____ Phone: _____ Cell: _____ email: _____

SSN: _____ Current Address: _____ City / Town: _____ State: _____

Zip: _____ How Long? _____ Own / Rent? _____ Monthly Rent / Mortgage \$ _____

Driver Lic # _____ State Issued _____

Current Landlord: _____ Landlord's Phone: _____ Landlord's email _____

Previous Address: _____ City / Town _____ State _____ Zip Code _____ How Long? _____

Landlord: _____ Landlord's Phone: _____

HOW WERE YOU REFERRED TO US? _____

Employment Information

Current Employer _____ Address _____ Phone _____ Fax _____

Email _____ City / Town _____ State _____ Zip _____ How Long? _____

Position _____ Supervisor _____ Weekly / Bi-Weekly / Monthly Income \$ _____ Part Time or Full Time? (circle one)

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Occ. 3: _____ 18 years or older?: _____ D.O.B _____

Occ. 4: _____ 18 years or older?: _____ D.O.B _____

Please provide us with two(2) personal references below that we may contact:

Name: _____ Address: _____ Phone#: _____

Name: _____ Address: _____ Phone#: _____

Have you or any member of the household ever been evicted from any housing within the last five years? Yes / No (circle one)

I (we) hereby certify that I am (we are) the person (s) making this application and that all information contained herein is true and correct in every particular. I (we) understand that while processing this application an investigative report may be made whereby information may be obtained as to character, general reputation, personal characteristics and mode of living (you have a right to make written request for a complete and accurate disclosure of the nature and scope of any such investigative report) I (we) as applicant(s) have deposited with landlord \$ _____. I (we) understand that \$ _____ of this amount is nonrefundable processing fee and the balance is an application deposit. If this application is rejected, the application deposit will be refunded in full by the Landlord. I (we) understand that in the event I (we) are approved for an apartment and choose not to enter into a lease, all deposits will be forfeited. This application shall be attached to and shall constitute a part of the lease hereby applied for.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

RELEASE FORM

Name: _____

Name : _____

Address applying for: _____

I/We hereby apply for the apartment listed above.

With my/our signature(s) below, I/we hereby authorize and request all credit reporting agencies, employers, credit and personal references, to release all pertinent information about me/us.

A photocopy of this shall be as valid as the original.

I/we understand that the credit report (rental history, arrest, and/or conviction records, and retail credit history) will be done through the facilities of:

Core Logic Safe Rent
2101 Gaither Road #400
Rockville, MD 20850

Applicant Signature _____

Applicant Signature _____

Date _____

Applicant # 1
EMPLOYMENT VERIFICATION FORM
TO BE FILLED OUT BY EMPLOYER

We would appreciate your cooperation in providing the Employment Verification information requested below.

This information is required for the processing of applicants for residency at one of our properties.

I hereby give my permission for the information requested to be released.

Applicant Signature: x _____

Company Name: _____

Company Address: _____

Employee Name: _____

Employee Start Date: _____

Employee Job Title: _____

Employee's Annual Income: _____

Hours per week: _____

Supervisor's Signature: _____

May We Call You? _____ Telephone # _____

Thank you for your cooperation.

Applicant # 2
EMPLOYMENT VERIFICATION FORM
TO BE FILLED OUT BY EMPLOYER

We would appreciate your cooperation in providing the Employment
Verification information requested below.

This information is required for the processing of applicants for residency at
one of our properties.

I hereby give my permission for the information requested to be released.

Applicant Signature: x _____

Company Name: _____

Company Address: _____

Employee Name: _____

Employee Start Date: _____

Employee Job Title: _____

Employee's Annual Income: _____

Hours per week: _____

Supervisor's Signature: _____

May We Call You? _____ Telephone # _____

Thank you for your cooperation.

LANDLORD VERIFICATION FORM
TO BE FILLED OUT BY LANDLORD

Name of Landlord: _____
Address of Landlord: _____
Dates of Tenancy: _____
Name of Tenant(s): _____
Address of Tenant(s): _____

Authorization To Release Information Requested Below:
Applicant (s) Signature:

x _____

1. Rent Payment:

- A. Is (was) Applicant current on rent? _____
- B. Has Applicant had late payments? _____ How many? _____
- C. Have legal proceedings for non-payment been started? _____
- D. How much is the monthly rent? _____

2. Caring For The Unit:

- A. Does Applicant keep the unit clean? _____
 - B. Has the Applicant damaged the unit? _____
- Describe: _____

3. General:

- A. Has the Applicant ever allowed persons other than those listed on the lease to reside in the unit? _____
- B. Has the Applicant or family member ever damaged or vandalized common areas? _____ Describe: _____
- C. Does Applicant create any physical hazards to other residents? _____ Describe: _____
- D. Does Applicant interfere with the "Right of Quiet Enjoyment" of other tenants? _____ Describe: _____
- E. Has Applicant ever given you false information? _____ Describe: _____
- F. Would you rent again to this Applicant? _____ Describe: _____
- G. To your knowledge, how many people live in this unit? _____

COMMENTS: _____

Signature: _____ Title: _____ Phone # _____

LANDLORD VERIFICATION FORM
TO BE FILLED OUT BY LANDLORD

Name of Landlord: _____
Address of Landlord: _____
Dates of Tenancy: _____
Name of Tenant(s): _____
Address of Tenant(s): _____

Authorization To Release Information Requested Below:
Applicant (s) Signature:

x _____

1. Rent Payment:

- A. Is (was) Applicant current on rent? _____
- B. Has Applicant had late payments? _____ How many? _____
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- A. Does Applicant keep the unit clean? _____
 - B. Has the Applicant damaged the unit? _____
- Describe: _____

3. General:

- A. Has the Applicant ever allowed persons other than those listed on the lease to reside in the unit? _____
- B. Has the Applicant or family member ever damaged or vandalized common areas? _____ Describe: _____
- C. Does Applicant create any physical hazards to other residents? _____ Describe: _____
- D. Does Applicant interfere with the "Right of Quiet Enjoyment" of other tenants? _____ Describe: _____
- E. Has Applicant ever given you false information? _____ Describe: _____
- F. Would you rent again to this Applicant? _____ Describe: _____
- G. To your knowledge, how many people live in this unit? _____

COMMENTS: _____

Signature: _____ Title: _____ Phone # _____

The Residences at Berkshire Road

10 Berkshire Road
West Hartford, CT 06110
(860) 231-8080

No Smoking Policy

To insure the quality of air and the safety of residents in its housing programs 47 Pratt Street, LLC (Owner) has declared that the property at 10 Berkshire Road, West Hartford, CT is entirely smoke free in all indoor and outdoor areas. This includes tobacco or any other smoke producing combustible product.

Smoking is not permitted in any indoor and outdoor common or private area of the property, including all apartments. All residents, employees and guests must abide by the following rules and regulations,

1. Smoking is not permitted anywhere in the indoor and outdoor common areas or apartments. This policy is effective November 1, 2022 for all residents, guests, employees, contractors, and business invitees who provide services to The Residences.

Failure of any resident to follow the smoke-free policy will be considered a lease violation and will subject the Tenant to all lease enforcement procedures, which include termination of lease.

2. "No Smoking" signs will be posted throughout the property.
3. In circumstances where smoking is observed and/or reported, management and/or ownership will seek out the specific source of the tobacco or other smoke and take appropriate action consistent with the enforcement of this policy.
4. Upon Move-in all residents will be given two (2) copies of the smoking policy. After review, the resident will sign one copy and return the executed copy to the Owner/Manager. The signed copy will be placed in the residents' file.

Owner and Manager have this policy in place to protect the health of our residents, staff and guests. Secondhand smoke is a Class A carcinogen, which means it is a cancer causing agent and there is no safe exposure level. Secondhand smoke can travel through doorways, windows, wall joints, plumbing spaces and even light fixtures, so secondhand smoke from one unit can adversely affect the health of residents in other units.

Resident Certification

I have read and understand the above No Smoking policy, and I agree to comply fully with the provisions. I understand that failure to comply may constitute cause for the termination of my lease.

All household members must sign this document.

Signature: _____

Signature: _____

Signature: _____

PET RULES & REGULATIONS
TENANTS OWNING PETS AGREE TO THE FOLLOWING:

1. One pet per apartment. Pet is defined as a dog or a cat. Fish are allowed. Birds in cages are allowed. Any other type of pet (hamster, gerbil, rabbit, ferret, snakes, reptiles, etc.) is not allowed.
2. Maximum full grown weight will be no more than 25 pounds for a cat or 50 pounds for a dog.
3. Aggressive dog breeds such as Pit Bull, Rottweiler, Doberman, Chow, Akita, and German Shepherd are strictly prohibited.
4. Animal shall not jump on or bite at any person.
5. To supply the landlord with the following:
 - a. A copy of the current city license (for dogs), in accordance with the city ordinance and state law.
 - b. A copy of the spayed/neutered certificate, issued by a veterinarian. (for cats and dogs)
 - c. A copy of a current rabies certificate issued by a veterinarian (for cats and dogs)
6. To abide by city ordinances, which require that the person(s) in control of a dog be responsible for the removal of all feces from all public and private property. This includes all apartment and condominium grounds.
7. In accordance with city ordinance and Connecticut state law, dogs must be leashed at all times. Roaming dogs will be reported to the local police.
8. Dogs will be walked in the specific designated area of the complex for their "daily outings". In order to avoid damage to the landscaped areas of the grounds and/or lingering odors, dogs must not be allowed to urinate on the shrubs or any part of the buildings. Pets are not allowed into any community room, multi-purpose room, laundry room, or common areas other than the hallways and stairways to exit and enter the building.
9. No pets are to be tied to any part of the building, shrubs or trees.
10. Residents with cats are required to keep your cats inside your home at all times.
11. A pet deposit of \$500.00 will be charged for each pet. This deposit is payable in advance and will be fully refundable at the time the tenant moves or disposes of the pet, provided that no pet-related damage has occurred to the unit. Any pet-related cleaning or damage will be charged against this deposit.
12. It is understood that failure to abide by these rules will constitute a breach of contract and a violation of the lease agreement. Appropriate action will be taken against any resident who obtains an unauthorized pet or who cannot or will not abide by the rules and regulations established for pets.

Applicant _____

Date _____

Applicant _____

Date _____