



Town Place Apartments
10 Town Place
Middletown, CT 06457

Phone: 860-635-4777
Email: townplace@trioproperties.com

Qualification Guidelines

Welcome to Town Place Apartments. Trio Properties is pledged to the letter and the spirit of the U.S. Policy for the achievement of Equal Housing Opportunity throughout the nation. It is the policy of Trio to adhere to the Fair Housing Act, which prohibits discriminatory housing practices, based on color, religion, sex, handicap, familial status, or national origin.

Please note these are the current rental criteria and nothing in these requirements shall constitute a guarantee or representation by our community that all residents and occupants currently residing in our community have met these requirements. There may be residents and occupants that have resided here prior to these requirements going into effect: additionally, our ability to verify whether these requirements are met is limited to the information we receive from various resident reporting services.

Rental Criteria:

- A rental application must be completed for each individual age eighteen (18) or over, including guarantors if required. A fee of \$75.00 per applicant will be due prior to processing any application.
- The household gross monthly income must be verifiable and meet or exceed 2.5 times the monthly rent.
- Applicants must have verifiable employment and/or income history. Self-employed persons must provide a copy of the prior year’s tax return. Unemployed applicants must provide documentation regarding sources of income, e.g., social security, pension, savings, interest, or provide a guarantor/co-signer that meets the guarantor/co-signers qualifying standards below. Copies of all documentation will be retained in the lease file.
- Applicants must have a verifiable rental/mortgage history. Applicants with negative resident history, outstanding debt to an apartment community/landlord or eviction from apartment community/landlord, will be denied. Rentals from family members will be considered if a signed lease is provided. Guarantors/co-signers cannot be a substitute for this requirement.
- Applicants must have a favorable credit history. Favorable credit history is no credit or more positive credit than negative. All outstanding obligations will be considered. Any applicant with an unfavorable credit history will be denied or must provide a guarantor/co-signer that meets the guarantor/co-signers qualifying standards below.
- Guarantors/co-signers must meet all the above qualifications and must additionally qualify for at least five (5) times the monthly rent of the apartment being applied for. The guarantor must physically sign the lease in the management office or have their signature notarized.
- Any applicant who has been determined to have less than favorable criminal history may be denied residency and occupancy. Guarantors/co-signers cannot be a substitute for this requirement.

Management reserves the right to modify the above guidelines and qualifications.

Make check or money order payable to: Baker Middletown, LLC

I have read and understand the Guidelines and Qualifications for Town Place Apartments.

Prospective Resident (s)

Date

Prospective Resident (s)

Date





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APPLICATION FOR APARTMENT HOME RENTAL

NOTE: This ENTIRE application must be filled out or it may not be considered for acceptance. Please read qualifications prior to completing application. All applicants over 18 years of age must submit separate applications.

Last Name: _____ First Name: _____ MI: _____ Sr., Jr.,: _____

Social Security No. _____ - _____ - _____ Date of Birth: ____/____/____ Total No. of Occupants: _____

Home/Cell Phone: _____ Work Phone: _____ Best time to contact you: _____

Driver's License No.: _____ State: _____ Email: _____

Apt. size needed: _____ Desired move-in date, Earliest: _____, Latest: _____

How did you learn about Apartment? _____ Your Rent Budget Amount: \$ _____

OCCUPANTS: (in addition to person listed above)

Name: _____ Relationship: _____ Sex: _____ Date of Birth: ____/____/____ SSN: _____

Name: _____ Relationship: _____ Sex: _____ Date of Birth: ____/____/____ SSN: _____

Name: _____ Relationship: _____ Sex: _____ Date of Birth: ____/____/____ SSN: _____

Name: _____ Relationship: _____ Sex: _____ Date of Birth: ____/____/____ SSN: _____

HOUSING INFORMATION:

Present Address: _____ City: _____ State: _____ Zip: _____

Move-in date: _____ Rent: \$ _____ Landlord (Co. or person): _____

Landlord's Phone: _____ Landlord's Fax: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Move-in date: _____ Rent: \$ _____ Landlord (Co. or person): _____

Landlord's Phone: _____ Landlord's Fax: _____

EMPLOYMENT INFORMATION:

Present Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ Position: _____ Supervisor: _____

Supervisor's Phone: _____ H/R Phone: _____

Salary: \$ _____ per _____ Overtime/Bonus?: _____

Previous Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

Dates Employed: _____ Position: _____

Supervisor: _____ Supervisor's Phone: _____ H/R Phone: _____

Annual Salary: \$ _____ Overtime/Bonus/Other?: _____

PETS:

Type _____ Breed _____ weight _____ name _____ age _____

Type _____ Breed _____ weight _____ name _____ age _____



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VEHICLE INFORMATION:

VEHICLE(S)/RECREATIONAL #1 (Year, Make, Model, Color): _____

License Plate #1: _____ State: _____

VEHICLE(S)/RECREATIONAL #2 (Year, Make, Model, Color): _____

License Plate #2: _____ State: _____

EMERGENCY:

Name: _____ Address: _____ City, State, Zip: _____

Work Phone: _____ Home/Cell Phone: _____ Relationship: _____

In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your apartment or the common areas.

Have you, your spouse, or any occupant listed in this application ever been evicted, filed bankruptcy, been convicted of a misdemeanor, a felony or sex related crime? Please date and list each:

I understand that this application for an apartment is subject to acceptance or denial. I hereby state that the information set for above is true and complete and authorize verification of the information and references given including the investigation of a professional credit check, convictions record and background check for all applicants. Should any statement made above be a misrepresentation or untrue, the application may be denied.

It is understood the holding deposit received, \$ _____, will be returned if applicant is not accepted as a resident. If accepted and the resident does not move in on the starting date given, the amount received is hereby acknowledge as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. I understand I may cancel this application by written notice within 72 hours and receive a full refund of the holding deposit. **If I cancel after 72 hours, I understand I forfeit the holding deposit.**

I have submitted the sum of \$ _____, which is a **non-refundable application fee** for a credit check and other processing costs of this application. This sum is not a rental payment or security deposit and will be retained by Trio to cover the costs of processing the application whether my application is accepted or not.

I hereby consent to allow Trio, through its designated agent and it employees, to obtain and verify my credit information for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Trio and its agent shall have the continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application review methods.

APPLICANT SIGNATURE: _____ **Date:** _____

LEASING SPECIALIST: _____ **Date:** _____



FOR OFFICE USE ONLY

1. APT # _____ UNIT TYPE: _____ Rental Rate Quoted: _____ Lease Term: _____

2. Concessions: _____

3. Person Accepting Application: _____ Date: _____

4. Person Processing Application: _____

5. Date the applicant(s) was notified by phone letter in person; of acceptance or non-acceptance: _____

6. Name of applicant who was notified: _____

7. Name of owner's representative who notified applicant above: _____



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EMPLOYMENT VERIFICATION

APPLICANT: Please provide at least one month of pay stubs. If you are not able to provide pay stubs, please complete the top portion of this form so we may ask your employer to release the requested information.

APPLICANT: _____ DATE: _____

EMPLOYER NAME: _____

EMPLOYER'S ADDRESS: Street _____

City _____ State _____ Zip Code _____

Phone number: _____ Fax number _____

SIGNATURE: _____
 Employee's Signature to authorize Release of Information

EMPLOYER: Your employee has applied for rental of an apartment managed by Trio. As part of the qualification process, we require verification of employment and the information requested below. Any information released will be kept in the strictest confidence. Please return this form via email, US Mail or facsimile to the number noted above. Thank you for your cooperation.

Trio Representative: _____ Date _____

Length of Employment: _____

Position: _____

Overtime/Commissions: _____

Average Monthly Pay: _____

Name & Title of Supervisor (Please print)	Signature	Date	Phone
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Please note: A Trio Representative may call to verify.





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LANDLORD REFERENCE

APPLICANT: Please complete the **top portion** of this form so that your current landlord may release the requested information.

APPLICANT: _____ DATE: _____

LANDLORD NAME: _____

LANDLORD'S ADDRESS: _____

Street

City

State

Zip Code

PHONE NUMBER _____ FAX NUMBER _____

SIGNATURE

 Resident's Signature to authorize Release of Information

LANDLORD: Your resident has applied for rental of an apartment managed by Trio. As part of the qualification process, we require a reference from the applicant's current landlord and basic information requested below. Any information released will be kept in the strictest confidence. Please return this form via email, facsimile or U.S. mail to the number or address noted above. Thank you for your cooperation.

Trio Representative _____ Date _____

Is applicant party to a lease/rental agreement? _____ If so, expiration date: _____

How long have they resided at the above address? _____

Is the rental account current? _____ Monthly Rent: _____

Rent is generally paid: _____ On-Time, _____ Occasionally Late, _____ Often Late

Have any legal notices been served to this resident? _____

Have there been any complaints against this resident? _____

Housekeeping Habits: _____ Good, _____ Average, _____ Poor

Would you rent to this person again? _____ Yes, _____ No, _____ Not Sure

Comments: _____

Name & Title of Authorized Person _____

(Please Print)

Phone: _____

Signature _____

Date _____

