

Capital Square Management, LLC
323 Main Street Danbury, CT 06810
Phone: 203-797-8255 Fax: 203-797-8104
www.nolanrealestate.org

Apartment Application

Absolutely No Pets
Security Due at Move-In
Copy of Photo ID REQUIRED
Incomplete Applications will NOT be Processed

Applicant 1 _____ Social Security # _____ - - - Date of Birth ____ / ____ / ____
Last First Middle Initial

Applicant 2 _____ Social Security # _____ - - - Date of Birth ____ / ____ / ____
Last First Middle Initial

Current Address _____ Apartment _____ City _____ State _____ Zip Code _____

Applicant 1 Primary Phone Number (_____) _____ Cell Phone Home Phone Work Phone

Applicant 2 Primary Phone Number (_____) _____ Cell Phone Home Phone Work Phone

Applicant 1 Email _____ Applicant 2 Email _____

RENTAL HISTORY

Current Landlord _____ Current Landlord Telephone Number (_____) _____

Dates Resided at Address _____ Monthly Rental Amount \$ _____

Previous Address _____ Dates Resided At Address _____

INCOME INFORMATION- All Income MUST Be Third-Party Verified

APPLICANT #1

Employer _____

Telephone _____

Weekly Gross Salary _____

Date Employment Began _____

Previous/Second Employer _____

Telephone _____

Weekly Gross Salary _____

Dates of Employment _____

Reason for Leaving _____

APPLICANT #2

Employer _____

Telephone _____

Weekly Gross Salary _____

Date Employment Began _____

Previous Employer _____

Telephone _____

Weekly Gross Salary _____

Dates of Employment _____

Reason for Leaving _____

PERSONAL INFORMATION

Have you ever been evicted from housing? YES NO Have you ever been convicted of a criminal offense YES NO

Vehicle Type: Make & Model _____ Year _____ Plate _____ Color _____

Driver's License # _____ State Issued _____ Expires _____

Names of every person to live in this unit: _____

Do you have children? YES NO IF YES, LIST AGES _____ Do you have pets? YES NO

How soon do you need the unit? _____ How did you hear about our units? _____

Please indicate what size unit you need, or indicate an order of preference: EFFICIENCY 1 BEDROOM 2 BEDROOM

What is your price range? _____ (Without Utilities)

PERSONAL REFERENCES- At least TWO

1.) Name _____ 2.) Name _____ 3.) Name _____

Telephone _____ Telephone _____ Telephone _____

Relationship _____ Relationship _____ Relationship _____

The undersigned makes the above representation knowing the landlord will rely on the accuracy thereof in considering this application. I give Capital Square Management or "its" agents permission to verify the above information, including credit, landlord, and employment information. Falsification of information may result in immediate termination of my lease.

Signature _____ Date _____

Signature _____ Date _____

ALL HIGHLIGHTED PORTIONS MUST BE COMPLETED AND/OR SIGNED.

REAL ESTATE AGENCY DISCLOSURE NOTICE
GIVEN TO UNREPRESENTED PERSONS

This is not a contract. Connecticut law requires that you be given this notice disclosing whom the real estate licensee represents. The purpose of such disclosure is to enable you to make informed choices about your relationship with real estate licensees.

GIVEN TO: _____ (UNREPRESENTED PERSON/PERSONS)	
ON _____	(DATE)
OUR FIRM <u>Capital Square Management, LLC</u> REPRESENTS	
<input type="checkbox"/> SELLER	<input checked="" type="checkbox"/> LANDLORD
<input type="checkbox"/> BUYER	<input type="checkbox"/> TENANT

UNREPRESENTED PERSON(S)'S RIGHTS AND RESPONSIBILITIES

1. The broker and salespersons (referred to as agents or licensees) in this transaction owes the other party to this transaction undivided fiduciary obligations, such as: loyalty, reasonable care, disclosure, and obedience to lawful instruction, confidentiality and accountability. The agent(s) must put the other party's interest first and negotiate for the best terms and conditions for them, not for you.
2. All real estate agents, whether representing you or not, are obligated by law to treat all parties to a real estate transaction honestly and fairly.
3. You have the responsibility to protect your own interests. Carefully read all agreements to make sure they accurately reflect your understanding. If you need additional advice for legal, tax, insurance or other such matters, it is your responsibility to consult a professional in those areas.
4. Whether you are a buyer, seller, tenant, or landlord, you can choose to have the advice, assistance and representation of your own real estate brokerage firm and its agents. Do not assume that a real estate brokerage firm or its agents are representing you or are acting on your behalf unless you have contracted in writing with that real estate brokerage firm.

**ACKNOWLEDGMENT
OF UNREPRESENTED PERSON(S)***

Signature(s)

Print Name(s)

Date

ACKNOWLEDGEMENT OF AGENT

Signature

Print Name

Date

** To be signed by the buyer/tenant when the agent represents the seller/landlord, or
To be signed by the seller/landlord when the agent represents the buyer/tenant*

**CAPITAL SQUARE MANAGEMENT, LLC
 C/O NOLAN ENTERPRISES
 323 MAIN STREET
 DANBURY, CT 06810
 TEL 203- 797-8255 ~ FAX 203-797-8104
www.nolanrealestate.org**

**EMPLOYMENT VERIFICATION FORM -
 Applicant must have employer complete this form and return to
 Capital Square Management with the completed application.**

TO: COMPANY _____
 SUPERVISOR _____
 ADDRESS _____
 TELEPHONE _____

RE: _____
 Applicant/Tenant Name

I hereby authorize release of my employment information.

 Signature of Applicant/Tenant Date

The person named above is an applicant/tenant for a dwelling unit in our housing complex. Thank you for your cooperation in completing this form.

Mark J. Nolan, owner

EMPLOYER COMPLETE THIS PORTION

Employer Name: _____ Job Title: _____

Date Employment Began: _____ Year-To-Date Earnings: \$ _____

Type of Employment: Full Time Part Time Per Diem Temporary Seasonal Average # of Hours per Week: _____

Current Wages/Salary \$ _____ Hourly Weekly Bi-Weekly Monthly Yearly

Average Number of *Weekly* Overtime Hours: _____ (Write n/a if not applicable) Average Overtime \$ _____ per hour

Commissions, Bonuses, Tips, Other: \$ _____ Hourly Weekly Bi-Weekly Monthly Yearly

Do you anticipate this employee to remain in the existing position for the next year? YES NO

REMARKS: _____

Supervisor's Name: _____ Company Name: _____

Supervisor's Signature: _____ Title: _____ Date: _____

Telephone #: _____ Fax #: _____ Email Address: _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.