

# 560 On Main

Frog Bridge Development, LLC  
560 Main Street  
Willimantic, CT 06226  
Phone (860) 942-8340

## Apartment Application Instructions/Guidelines – CO-SIGNOR

### APPLICATIONS & FEES:

Thank you for interest in our apartments! To get you into your new home you will need to fill out the attached RENTAL APPLICATION PACKET. This packet will need to be return to the leasing office with the application fees. A \$35.00 fee will need to be paid for each applicant and each co-signor (co-signors are processed in the same manner as the resident). Every person over the age of 18 who will be living in the apartment will need to fill out an application. This application fee is non-refundable. Application must be COMPLETE before we can approve your residency.

### IDENTIFICATION:

2 forms of ID are required and copies of these IDs must accompany your application. Please provide the following:

*A valid government issued photo ID with date of birth & a social security card*

**OR**

*A valid passport*

### Income Verification:

All income must be verifiable. If you wish us to confirm your employment and income through your employer you must sign the attached "Employment Verification Form" and return to the leasing office. DO NOT FILL OUT THE FORM – this is to be done by your employer. In lieu of this form you may provide a month's worth of paystubs or any financial documents that substantiate your income. When a co-signor is needed we will verify their income in the same manner.

### Assistance Programs:

All sources of rental assistance or income must be verified to be accepted. Please have all necessary documents with your rental application as proof.

### Rental History:

Rental history must be verified for the last 12 months. If you have rented before please sign the top of the "Landlord Verification Form". DO NOT FILL OUT THE REST OF THE FORM – that is for your previous landlord to fill out.

### APPLICANT MAY NOT MEET APPROVAL CRITERIA IF ANY OF THE FOLLOWING APPLY:

- Unfavorable credit report
- Unfavorable landlord reference
- Reasonable doubt as to the ability to pay rent - rent may not exceed 40% of household's gross monthly income
- Arrest or conviction history

### APPLICANT WILL BE DECLINED IF ANY OF THE FOLLOWING APPLY:

- Prior eviction or foreclosure in the last 5 years
- Drug or non-violent felony conviction within the last 5 years
- Sex offender conviction or inclusion on the Sex Offender Registry
- Violent felony conviction such as murder, manslaughter, assault, kidnapping, rape, robbery, or any offense that includes a weapon charge.

*Our policy for resident screening is established to evaluate the applicant's ability to comply with the terms and conditions of our lease agreement if the applicant is approved.*

### Deposits required:

A deposit will be required that is equal to one month's rent in order to hold an apartment. Once your application is approved you will have 48 hours to confirm you accept the apartment being offered. After 48 hours your deposit will be forfeited. If your application is declined for any reason the deposit will be refunded to you. At time of move in your deposit will go towards your 1<sup>st</sup> month's rent. All other monies – additional rent, fees, and security deposit - must be paid prior to move in and distribution of keys.

*ALL MONIES PAID MUST BE IN THE FORM OF PERSONAL CHECK, CASHIERS CHECK OR MONEY ORDER  
MADE PAYABLE TO FROG BRIDGE DEV..*

Co-Signor Acknowledgment:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## RENTAL APPLICATION

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Alt Phone #: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Driver's Lic #: \_\_\_\_\_ Email: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Rent or Own? \_\_\_\_\_  
How long have you lived at this address: \_\_\_\_\_ How much is your mortgage/rent? \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

## EMPLOYER INFORMATION

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street/City/ST/Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Weekly Income: \_\_\_\_\_ FT/PT: \_\_\_\_\_

**HAVE YOU OR ANY MEMEBR OF THE HOUSEHOLD EVER BEEN EVICTED FROM ANY HOUSING WITHIN THE LAST 5 YEARS?** \_\_\_\_\_

I hereby certify that I am the person making this application and that all the information contained herein is true and correct in every particular. I understand that while processing this application an investigative report made be made whereby information may be obtained as to character, general reputation, personal characteristics and mode of living (you have the right to make written request for a complete and accurate disclosure of the nature and scope of such investigative request). This application shall be attached to and shall constitute a part of the lease hereby applied for.

Co-Signor: \_\_\_\_\_ Date: \_\_\_\_\_

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## RELEASE FORM

Name Printed: \_\_\_\_\_

Apartment Community Applying for: \_\_\_\_\_

I hereby apply for an apartment at the above community.

With my signature below, I hereby authorize and request all credit reporting agencies, employers, credit and personal references, to release all pertinent information about me.

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

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

First Advantage  
Safe Rent  
1140 Rockville Pike, PMB 1200  
Rockville, MD 20852

*Housing Consultants LLC does not discriminate based on race, color, creed, sex, religion, national origin, age, disability or familial status; nor in the term offered or the services rendered. The property will make reasonable accommodations for individuals with handicaps or disabilities, including modifications to policies, procedures and services so that every qualified applicant may fully participate in the program.*

Co-Signor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## GUARANTY OF PAYMENT

Lease start date: \_\_\_\_\_

Apartment Address: \_\_\_\_\_

Guarantor and address:

1. **Reason for guaranty** I know that the Landlord would not rent the apartment to the Tenant unless I guarantee Tenant's performance, I have also requested the Landlord to enter into the lease with the Tenant. I have substantial interest in making sure that the Landlord rents the premises to the Tenant.
2. **Guaranty** I guaranty the full performance of the Lease by the Tenant. This guaranty is absolute and without any condition. It includes, but is not limited to, the payment of rent and other money charges.
3. **Changes in Lease have no effect** This guaranty will not be affected by any change in the leases whatsoever. This includes, but is not limited to, any extension of time or renewals. The Guaranty will bind me even if I am not a party to these changes.
4. **Waiver of Notice** I do not have to be informed about any default by Tenant. I waive notice of nonpayment of other default.
5. **Performance** If the Tenant defaults, the Landlord may require me to perform without first demanding that the Tenant perform.
6. **Waiver of jury trial** I give up my rights to trial by jury in any claim related to the Lease and this Guaranty.
7. **Changes** This Guaranty can be changed only by written agreement signed by all parties to the Leases and this Guaranty.

**Guarantor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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## EMPLOYMENT VERIFICATION

This section to be filled out by co-signor:

Name of Co-Signor: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Co-Signor: \_\_\_\_\_

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## This section to be filled out by employer

The above referenced person currently resides in or is applying for an apartment in one of our properties. We require that all income be verified. Prompt completion and return of this verification is appreciated. We will assure that any information you provide will be kept confidential and will be used only for rental eligibility.

Please fill out the below form and fax back to the leasing office. Thank you for your anticipated cooperation!

Employment Start Date: \_\_\_\_\_

Employment End Date: \_\_\_\_\_

If terminated, is employee eligible for unemployment benefits? \_\_\_\_\_

Employee job title: \_\_\_\_\_

Previous year's annual gross salary: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Current Salary: \_\_\_\_\_

Employee's anticipated income for the next 12 months: \_\_\_\_\_

Any other compensation not included above? \_\_\_\_\_ Describe: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

*If confirmed over the phone, fill out above and sign below:*

Name of person verifying information: \_\_\_\_\_

Date verified: \_\_\_\_\_