



PARK PLACE TOWERS

...the place to be!

STUDENT APPLICATION PACKAGE

We are pleased that you are interested in selecting Park Place Towers as your home. Due to your student status, we will require a guarantor for your lease and a two month security deposit. In order to apply for residency, you must submit the following:

- **A completed Application for Residency**
- **\$30.00 application check fee (non refundable)**
- **\$150.00 Intent To Rent Fee.** If you cancel your application three days or more after your submission, the entire \$150.00 will be retained by Park Place Towers as a fee for the lost rental income or expenses incurred due to the cancellation. In the event that you do not qualify for occupancy, the entire \$150.00 will be refunded to you.
- **Student Enrollment Form completed by your school**
- **Present Landlord Verification**
- **Previous Landlord Verification (complete if at present residence one year or less)**
- **Guarantor's Application Package**

These forms must be returned so that we can process your application. The application process is only complete when **all forms are returned** and the **information verified**. This process generally takes three (3) business days after which time you should expect to hear from us.

IF YOU DO NOT HEAR FROM US, IT IS MEANS THAT YOUR APPLICATION PACKAGE IS NOT COMPLETE. IF WE DO NOT HAVE A COMPLETE APPLICATION WITHIN THREE (3) BUSINESS DAYS FROM THE DATE OF YOUR APPLICATION, YOU MAY RISK HAVING YOUR APPLICATION CANCELED AND YOUR \$150.00 FEE FORFEITED.

If two individuals will be sharing the apartment, please designate one contact person who will speak on behalf of both parties. This will permit us to answer all your concerns in a timely manner.

Once the completed application package has been approved, **you will be required to pay one half of the security deposit**. If we do not receive this within three business days of your approval, we reserve the right to cancel your application. **All monies due at move-in must be paid by cashier's check or money order.** *No personal checks will be accepted.*

Thank you for your interest in Park Place Towers.

PARK PLACE TOWERS

Application for Residence

MANAGEMENT AGENT:
CDC Management
c/o Park Place Towers
24 Park Place Hartford, CT 06106

DATE: _____

AGENT: _____

OCCUPANCY DATE: _____

Name:		
SSN: - -	Date of Birth: / /	
Address:		
Number of years there: (if less than 2 years, please provide address below)		
Previous Address:		
Home Phone:()	Cell Phone: ()	E-Mail Address:

Current Employment

Previous Employment (if less than 1 yr. in current job)

Employer:	Employer:
Address:	Address:
Phone: ()	Phone: ()
Years Employed: years months	Years Employed: years months
Position:	Position:
Gross Salary:	Gross Salary:
Additional Income: \$ per month	Source of additional income:

Current Landlord

Previous Landlord (if less than 1 yr. at current address)

Name:	Name:
Address:	Address:
Phone: ()	Phone: ()
Length of Tenancy: years months	Length of Tenancy: years months
Monthly Rent:	Monthly Rent:

Personal References**Bank References**

Name:	Name of Bank:
Address:	Address:
Phone: ()	Contact Person:

Emergency Contact Information

Name:	Relationship:
Home Phone: ()	Work/Cell Phone: ()

I/We agree to rent the premises, and hereby tender a \$_____ non-refundable application fee and \$_____ Rent Deposit. I understand that the Rent Deposit only will be applied toward my Security Deposit upon lease execution. I understand that this application is subject to the approval of the Owner/Manager. If this application is rejected, I understand that my Rent Deposit will be refunded within thirty (30) days of the date of rejection.

I/We acknowledge and understand that **within three days of the approval of this application**, I will be **required to submit an additional sum of money equal to one half of the monthly rent**. If I subsequently choose not to occupy the apartment, I will forfeit this money and will not be entitled to its return. _____ (please initial)

I acknowledge that I have been given a copy of this rental application for my records. I agree to the monthly rental price, as indicated in the following section. I will sign the customary form of lease upon management's acceptance of this application.

I understand that if any information I have provided is false, the lease made on the strength of this application may be terminated at any time, at the Owner/Manager's option.

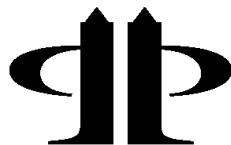
As part of the verification procedure for processing this application, I understand that an investigation will be made. Information may be obtained from business associates, financial sources, former landlords, and others with whom I am associated. I understand that this inquiry may include information regarding my financial and credit status, past rental/mortgage payment history, general reputation, and mode of living, as applicable. **I hereby authorize Park Place Towers to conduct any such investigation and solicit reports and other information it deems necessary in this regard.**

Signature: _____ **Date:** _____

It is unlawful to discriminate against an applicant or tenant because of their race, creed, color, national origin, ancestry, sex, marital status, age, lawful source of income, familial status, learning disability or physical or mental disability and sexual orientation pursuant to CONN. GEN. STAT. §§ 46a-64c and 46a-81e and Federal Fair Housing Act, 42 U.S.C. Section 3601 et seq.

Amount Received:	Check Number:	Agent:
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Apartment Selected:	Lease Commencement Date:
Style:	Lease Term:
Monthly Rent:	Occupancy Date:
Parking Fee:	Co-Applicant:
Storage Fee:	Number of Occupants:
Other Fees:	Occupant's Name: DOB:
Referral Source:	Occupant's Name: DOB:
Concessions Due? Apt#:	Occupant's Name: DOB:



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STUDENT ENROLLMENT FORM

Date: _____

This letter will verify that:

Student Name: _____,

Social Security #: _____

is enrolled in the _____ **(PROGRAM)** at the

_____ **(SCHOOL)** for the following semester:

Status: Full-time

Part-time

_____ **Semester**

Dates: _____ -- _____.

Verified by:

Signature

(Please Print Name)

Student Administrative Services



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LANDLORD VERIFICATION FORM

LANDLORD INFORMATION:

Name: _____ Address: _____
Phone: _____ Fax: _____
Email: _____

Tenant's Name: _____ SSN: _____

Tenant's Address: _____ Apt. # _____

Move In date: _____ Move Out date: _____

Rent Amount: _____ Any NSF Checks: _____ Pay on time? _____

If late, paid on what date? _____

Proper notice given? _____ Deposit refunded? _____

Any money owed? _____ Owed for what? _____

Any legal action during tenancy due to non-payment?

Lease dates: _____ Number of Occupants: _____

Names of Leaseholders: _____

Names of Occupants: _____

Pets: _____ Any problems (if yes, please explain)? _____

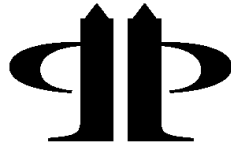
Would you re-rent to tenant? _____

Verified by: _____ Title: _____

I HEREBY GRANT MY LANDLORD, _____ PERMISSION TO DISCLOSE THE ABOVE INFORMATION TO PARK PLACE TOWERS.

APPLICANT'S SIGNATURE

DATE



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PREVIOUS LANDLORD VERIFICATION FORM

PREVIOUS LANDLORD INFORMATION:

Name: _____ Address: _____
Phone: _____ Fax: _____
Email: _____

Tenant's Name: _____ SSN: _____

Tenant's Address: _____ Apt. # _____

Move In date: _____ Move Out date: _____

Rent Amount: _____ Any NSF Checks: _____ Pay on time? _____

If late, paid on what date? _____

Proper notice given? _____ Deposit refunded? _____

Any money owed? _____ Owed for what? _____

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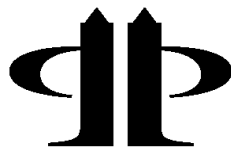
Would you re-rent to tenant? _____

Verified by: _____ Title: _____

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THE ABOVE INFORMATION TO PARK PLACE TOWERS.**

APPLICANT'S SIGNATURE

DATE



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GUARANTOR'S APPLICATION PACKAGE

Dear Guarantor:

In order to process a rental application for _____ at Park Place Towers, we will require a guarantor for their lease. As a guarantor, you must complete and submit the following:

- **A completed Guarantor's Information Form**
- **\$30.00 application check fee (non refundable)**
- **A signed Personal Guaranty Form**
- **Present Employer Verification (two paycheck vouchers will be required).** If self-employed, submit two years of professionally prepared income tax returns
- **Previous Employer Verification (complete if at present employer one year or less)**
- **Present Landlord Verification.** If you own a home, check the appropriate box on the Guarantor's Information Form and disregard this form.
- **Previous Landlord Verification (complete if at present residence one year or less)**

These forms must be returned so that we can process the application. The application process is complete when all forms are returned and information verified. Our review generally takes three (3) business days, after which time you should expect to hear from us.

We have also enclosed our standard lease for your review. Please be advised that we will not modify any of our lease terms. All leases will be for a minimum one-year term.

Thank you for your assistance with the application process.

PARK PLACE TOWERS

GUARANTOR'S INFORMATION

MANAGEMENT AGENT:
 CDC Management
 c/o Park Place Towers
 24 Park Place Hartford, CT 06106

DATE: _____

AGENT: _____

OCCUPANCY DATE: _____

Name:		
SSN: - -	Date of Birth: / /	
Address:		
Number of years there:	(if less than 2 years, please fill in below)	<input type="checkbox"/> I Own this property
Previous Address:		
Home Phone: ()	Cell Phone: ()	E-Mail Address:

Current Employment

Previous Employment (if less than 1 yr. in current job)

Employer:	Employer:
Address:	Address:
Phone: ()	Phone: ()
Years Employed: years months	Years Employed: years months
Position:	Position:
Gross Salary:	Gross Salary:
Additional Income: \$ per month	Source of additional income:

Current Landlord (if you do not own property)

Previous Landlord (if less than 1 yr. at current address)

Name:	Name:
Address:	Address:
Phone: ()	Phone: ()
Length of Tenancy: years months	Length of Tenancy: years months
Monthly Rent:	Monthly Rent:

Personal References**Bank References**

Name:	Name of Bank:
Address:	Address:
Phone: ()	Contact Person:

Emergency Contact Information

Name:	Relationship:
Home Phone: ()	Work/Cell Phone:()

I/We agree to rent the premises, and hereby tender a \$ _____ non-refundable application fee and \$ _____ Rent Deposit. I understand that the Rent Deposit only will be applied toward my Security Deposit upon lease execution. I understand that this application is subject to the approval of the Owner/Manager. If this application is rejected, I understand that my Rent Deposit will be refunded within thirty (30) days of the date of rejection.

I/We acknowledge and understand that **within three days of the approval of this application**, the applicant will be **required to submit an additional sum of money equal to one half of the monthly rent**. If he/she subsequently chooses not to occupy the apartment, he/she will forfeit this money and will not be entitled to its return. ____ (please initial)

I acknowledge that I have been given a copy of this rental application for my records. I agree to the monthly rental price, as indicated in the following section. **I will sign the customary guarantor's form upon management's acceptance of this application.**

I understand that if any information I have provided is false, the lease made on the strength of this application may be terminated at any time, at the Owner/Manager's option.

As part of the verification procedure for processing this application, I understand that an investigation will be made. Information may be obtained from business associates, financial sources, former landlords, and others with whom I am associated. I understand that this inquiry may include information regarding my financial and credit status, past rental/mortgage payment history, general reputation, and mode of living, as applicable. **I hereby authorize Park Place Towers to conduct any such investigation and solicit reports and other information it deems necessary in this regard.**

Guarantor's Signature: _____ **Date:** _____

Amount Received:	Check Number:	Agent:
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Apartment Selected:	Lease Commencement Date:	
Style:	Lease Term:	
Monthly Rent:	Occupancy Date:	
Parking Fee:	Co-Applicant:	
Storage Fee:	Number of Occupants:	
Other Fees:	Occupant's Name:	DOB:
Referral Source:	Occupant's Name:	DOB:
Concessions Due?	Apt#:	Occupant's Name: DOB:



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PERSONAL GUARANTY

To induce **Underwood Towers Limited Partnership (the Landlord)** to enter into a lease with _____ (the Tenant) for the premises known as Apartment# _____ at ___ Park Place, Hartford, Connecticut, 06106, the undersigned unconditionally guarantees to Landlord **the prompt payment when due of all Tenant's obligations to Landlord under said lease.**

Landlord shall not be required to proceed against Tenant or to enforce any other remedy before proceeding against the undersigned.

The undersigned **agrees to pay all attorney fees and other expenses incurred by Landlord by reason of the Tenant's default.**

The undersigned waives notice of the acceptance hereof and of all other notices or demands of any kind which the undersigned may otherwise be entitled.

The undersigned consents to any extensions of time or modifications in the amount of payment granted to Tenant and to the release and/or compromise of any obligations of Tenant without in any way releasing the undersigned from his/her obligations hereunder.

The undersigned **consents and submits to the jurisdiction of the courts of Connecticut for purposes of any suit, action or other proceeding arising out of the undersigned obligation hereunder, and expressly waives any objection the undersigned may have to venue in any such courts.** Service of Process against me, the undersigned, may be made at the rented premises with a copy of same being mailed to my last known address.

Guarantor's Signature

Date

(Print Guarantor's Name)

Street Address

City/State



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LANDLORD VERIFICATION FORM

LANDLORD INFORMATION:

Name: _____ Address: _____
Phone: _____ Fax: _____
Email: _____

Tenant's Name: _____ SSN: _____

Tenant's Address: _____ Apt. # _____

Move In date: _____ Move Out date: _____

Rent Amount: _____ Any NSF Checks: _____ Pay on time? _____

If late, paid on what date? _____

Proper notice given? _____ Deposit refunded? _____

Any money owed? _____ Owed for what? _____

Any legal action during tenancy due to non-payment?

Lease dates: _____ Number of Occupants: _____

Names of Leaseholders: _____

Names of Occupants: _____

Pets: _____ Any problems (if yes, please explain)? _____

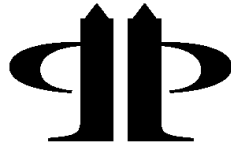
Would you re-rent to tenant? _____

Verified by: _____ Title: _____

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Name: _____ Address: _____
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