



PARK PLACE TOWERS
...the place to be!

APPLICATION PACKAGE

We are pleased that you are interested in making Park Place Towers your home. In order to apply for residency, you must submit the following:

- **A completed Application for Residence**
- **\$50.00 application check fee (non refundable)**
- **Present Employer Verification (three paycheck vouchers will be required)**
- **Previous Employer Verification (complete if at present employer one year or less)**
- **Present Landlord Verification**
- **Previous Landlord Verification (complete if at present residence one year or less)**

These forms must be returned so that we can process your application. The application process is completed when all forms are returned and information verified. This process generally takes three (3) business days.

An incomplete application package delays the approval process and may result in your application being cancelled.

All applicants must have good credit and have been employed full-time for at least one year.

Once the completed application package has been approved, **you will be required to pay one half of the security deposit by cashier's check, or money order, within two(2) business days of notification of approval.** If we do not receive this deposit within two(2) business days of your approval notification, we reserve the right to cancel your application. **All monies due at move-in must also be paid by cashier's check, or money order.** *No personal checks will be accepted.*

Thank you for your interest in Park Place Towers.

*Please mail your completed application and \$50 application check to:

Park Place Towers
24 Park Place
Hartford, CT 06106
Attention: Resident Services Office

PARK PLACE TOWERS

Application for Residence

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

DATE: _____

UNIT STYLE DESIRED: _____

PROJECTED MOVE IN 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 tender herewith a \$ _____ non-refundable application fee.. I understand that this application is subject to the approval of the Owner/Manager.

I/We acknowledge and understand that **within two(2) business days of the notification of approval of application**, I will be **required to submit an additional sum of money equal to one half of the required security deposit**. 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 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.

FOR MANAGEMENT USE ONLY:

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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EMPLOYMENT VERIFICATION FORM

Employer's Name:	
Employer's Address:	
Employer's Phone: ()	Fax: ()
Employee's Name:	
Employee's Social Security #:	

The above named employee has applied for an apartment at Park Place Towers and, as indicated below, has granted Park Place Towers permission to verify information regarding his/her employment with your company. The timely receipt of this information is critical to the evaluation of this application. Therefore, your prompt completion of the questions below is greatly appreciated.

Is applicant employed with your company? Yes _____ No _____	
If yes, please state title and/or position:	
Length of Employment:	Annual Salary: \$
Is employee in good standing with your company? Yes _____ No _____	
If no, please explain:	

EMPLOYER:	
I, _____, have completed the above questionnaire and certify that the information provided is valid and correct to the best of my knowledge.	
Employer's Signature: _____	Date: _____
Title: _____	Department: _____ Phone: _____

Thank you for your cooperation.

APPLICANT:	
I, _____, hereby grant my employer, _____ permission to disclose the above information to Park Place Towers.	
_____	_____
APPLICANT'S SIGNATURE	DATE



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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? _____

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 PREVIOUS LANDLORD, _____ PERMISSION TO DISCLOSE THE ABOVE INFORMATION TO PARK PLACE TOWERS.

APPLICANT'S SIGNATURE

DATE