

Essex Place Apartments

To expedite the application process we have created an online application which you can download. In order to process your application you will need to pay the application and hold fee and submit your completed application.

A complete application package must include:

Rental Application, four original pay stubs or W-2 and a copy of a Photo ID. Each applicant and co-signer/guarantor must complete an application and sign all forms.

- ✓ All Students must fill out the application.
- ✓ All co-signers/guarantors must fill out all pages of a separate application and provide copies of their last four (4) pay stubs or W-2 tax form, along with a copy of a driver's license.

Application Fee: \$ 40.00 per application (Non-refundable)

\$ 55.00 per married couple (Non-refundable)

Holding Fee: \$100.00 per person applying as resident (This will be deducted from your rent)

*This hold fee will be refundable up to 3 business days from the date the office receives the fees. After the 3 days, if the applicant requests to cancel their application, the deposit will be non-refundable.

A holding deposit is required in order to secure an apartment. These fees (application and hold fees) can be processed through Pay Pal online or you can mail a check or money order. Checks are made payable to **Sandy Brook LLC**. Please mail your deposit and application to Essex Place Apartments, 1317 East Street, New Britain, CT 06053, Attn: Leasing Office.

Important info:

Parking: Each apartment will receive TWO (2) parking passes. There is gated parking available.

The Leasing Office can issue up to two (2) temporary guest passes per apartment daily. The quantity is limited and is distributed on a first come first serve basis.

Roommates: There is a maximum of three roommates allowed per apartment. All students are required to have a co-signer/guarantor.

Security Deposit: All apartments leased by undergraduate students are required to hold a two-month security deposit. Once the application has been approved you will be informed when this deposit is due.

Thank you for your interest in Essex Place Apartments and we look forward to providing you with your new apartment home.

Essex Place Management

By signing the Rental Application, you are giving consent for a personal credit, criminal, and eviction check to be obtained through a private credit reporting agency.

Don't hesitate to call our office with any further questions! (860) 225-2525

*Please note that we do not offer 24/7 tech support with our internet service. Please also be aware that computers must be equipped with a "wireless internet card" to access our network.

ESSEX PLACE APARTMENTS

1317 East Street
New Britain, CT 06053
(860) 225-2525

Apt. # _____
Rent: _____
M/I Date: _____
App. Fee: _____ Ck# _____
Deposit: _____ Ck# _____

RENTAL APPLICATION

PLEASE TELL US ABOUT YOURSELF

Last Name: _____ First _____ Initial: _____ Jr/Sr/2nd: _____
Social Security #: _____ Date of Birth: _____ Phone #: _____
Pets (Number, Kind & Name): _____

PLEASE GIVE YOUR RESIDENCE HISTORY

Current Address _____
Month & Year Moved In _____ Reason for Leaving _____
Present Landlord _____ Phone _____ Rent \$ _____
Previous Address _____
Date Moved In _____ Date Moved Out _____ Reason _____
Landlord _____ Phone _____ Rent \$ _____
Previous Address _____ From _____ To _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

Current Employer _____ Length of Employment _____
Address _____
Employer Phone # _____ Employer Fax # _____ Supervisor _____
Position Held _____ Salary \$ _____ per _____
Previous Employer _____ Length of Employment _____
Address _____
Employer Phone # _____ Employer Fax # _____ Supervisor _____
Position Held _____ Salary \$ _____ per _____
Additional Income Amount: \$\$ _____ per _____ Source _____

PLEASE LIST YOUR BANK INFORMATION

Your Bank _____ Type of Account _____ Number _____
Your Bank _____ Type of Account _____ Number _____

VEHICLE INFORMATION

Your Driver's License Number _____ State _____

Vehicle Make/Model _____ Color _____ Year _____ Tag # _____ State _____
Vehicle Make/Model _____ Color _____ Year _____ Tag # _____ State _____

APARTMENT OCCUPANTS

Occupant Name _____ Date of Birth _____
Occupant Name _____ Date of Birth _____
Occupant Name _____ Date of Birth _____
Occupant Name _____ Date of Birth _____

OTHER INFORMATION

Have you ever: 1. Filed for bankruptcy? _____ Yes _____ No
2. Been evicted from tenancy? _____ Yes _____ No
3. Willfully or intentionally refused to pay rent? _____ Yes _____ No
4. Have you ever pled "guilty", "no contest" or been convicted of a crime? _____ Yes _____ No

Please give any additional information which might help management evaluate this application:

IN CASE OF AN EMERGENCY

Notify _____ Phone _____
Address _____ Relationship _____

I, the undersigned, hereby make application to lease apartment # _____ for a period of 12 months. I hereby tender a non-refundable fee of \$40.00 per person for processing this application. I represent that the information set forth on the application is true and complete; and hereby authorize verification of any and all of the information set forth above, including a consumer credit report ofr other such information as may be required to evaluate this application. The credit check and other such information becomes the sole possession of Essex Place and no copy will be given to the applicant. Any Fraudulent information on this application will be grounds for denial and should information be discovered after lease execution it will be grounds for evictions.

In consideration for an earnest money deposit of \$100.00, Management agrees to reserve an apartment for the Applicant. Upon acceptance of the \$100.00, the Applicant agrees to return the completed application/applications within 72 hours and understands that the Applicant has **3 of our business days from the time the \$100.00 deposit is left** to request their \$100.00 deposit be returned to them. The Applicant agrees to execute a lease and pay the balance of the security deposit within three business days. Should the Applicant fail to perform his/her obligations as stated herein, the deposit shall be retained by Management in consideration of reserving said apartment. In the event this application is not approved by Management, said deposit shall be refunded. In the event the apartment is not ready for occupancy by said date, the Applicant shall have the option of extending his/her reservation or requesting a refund of the deposit money paid hereunder. Applications are subject to approval of the Management Company. No oral agreements have been made.

Signature of Applicant _____ Date _____

Application Received By: _____ Date _____