



Town Place Apartments  
10 Town Place  
Middletown, CT 06457

Phone: 860-635-4777  
Email: townplace@trioproperties.com

### Qualification Guidelines

Welcome to Town Place Apartments. Trio Properties is pledged to the letter and the spirit of the U.S. Policy for the achievement of Equal Housing Opportunity throughout the nation. It is the policy of Trio to adhere to the Fair Housing Act, which prohibits discriminatory housing practices, based on color, religion, sex, handicap, familial status, or national origin.

Please note these are the current rental criteria and nothing in these requirements shall constitute a guarantee or representation by our community that all residents and occupants currently residing in our community have met these requirements. There may be residents and occupants that have resided here prior to these requirements going into effect: additionally, our ability to verify whether these requirements are met is limited to the information we receive from various resident reporting services.

#### Rental Criteria:

- A rental application must be completed for each individual age eighteen (18) or over, including guarantors if required. A screening fee of \$50.00 per applicant will be due at move in.
- The household gross monthly income must be verifiable and meet or exceed 2.5 times the monthly rent.
- Applicants must have verifiable employment and/or income history. Self-employed persons must provide a copy of the prior year’s tax return. Unemployed applicants must provide documentation regarding sources of income, e.g., social security, pension, savings, interest, or provide a guarantor/co-signer that meets the guarantor/co-signers qualifying standards below. Copies of all documentation will be retained in the lease file.
- Applicants must have a verifiable rental/mortgage history. References will be checked, and the judicial website reviewed. Applicants with negative resident history, outstanding debt to an apartment community/landlord or eviction from apartment community/landlord, will be denied. Rentals from family members will be considered if a signed lease is provided. Guarantors/co-signers cannot be a substitute for this requirement.
- Applicants must have a favorable credit history. Favorable credit history is no credit or more positive credit than negative. All outstanding obligations will be considered. Any applicant with an unfavorable credit history will be denied or must provide a guarantor/co-signer that meets the guarantor/co-signers qualifying standards below.
- Guarantors/co-signers must meet all the above qualifications and must additionally qualify for at least five (5) times the monthly rent of the apartment being applied for. The guarantor must physically sign the lease in the management office or have their signature notarized.
- Any applicant who has been determined to have less than favorable criminal history may be denied residency and occupancy. Guarantors/co-signers cannot be a substitute for this requirement.

Management reserves the right to modify the above guidelines and qualifications.

Make check or money order payable to: **Baker Middletown, LLC**

I have read and understand the Guidelines and Qualifications for Town Place Apartments.

\_\_\_\_\_  
Prospective Resident (s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Resident (s)

\_\_\_\_\_  
Date





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**APPLICATION FOR APARTMENT HOME RENTAL**

**NOTE: This ENTIRE application must be filled out or it may not be considered for acceptance. Please read qualifications prior to completing application. All applicants over 18 years of age must submit separate applications.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sr., Jr.,: \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total No. of Occupants: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_

Apt. size needed: \_\_\_\_\_ Desired move-in date, Earliest: \_\_\_\_\_, Latest: \_\_\_\_\_

How did you learn about Apartment? \_\_\_\_\_ Your Rent Budget Amount: \$ \_\_\_\_\_

**OCCUPANTS:** (in addition to person listed above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

**HOUSING INFORMATION:**

**Present** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move-in date: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Landlord (Co. or person): \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_ Landlord's Fax: \_\_\_\_\_

**Previous** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move-in date: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Landlord (Co. or person): \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_ Landlord's Fax: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

**Present** Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ H/R Phone: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Overtime/Bonus?: \_\_\_\_\_

**Previous** Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_ H/R Phone: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_ Overtime/Bonus/Other?: \_\_\_\_\_

**PETS:**

Type \_\_\_\_\_ Breed \_\_\_\_\_ weight \_\_\_\_\_ name \_\_\_\_\_ age \_\_\_\_\_

Type \_\_\_\_\_ Breed \_\_\_\_\_ weight \_\_\_\_\_ name \_\_\_\_\_ age \_\_\_\_\_



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**VEHICLE INFORMATION:**

VEHICLE(S)/RECREATIONAL #1 (Year, Make, Model, Color): \_\_\_\_\_

License Plate #1: \_\_\_\_\_ State: \_\_\_\_\_

VEHICLE(S)/RECREATIONAL #2 (Year, Make, Model, Color): \_\_\_\_\_

License Plate #2: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCY:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your apartment or the common areas.

**ADDITIONAL IMPORTANT QUALIFYING INFORMATION:**

Have you, your spouse, or any occupant listed in this application ever been evicted. Please answer yes or no and provide any additional information.  
 \_\_\_\_\_

Have you, your spouse, or any occupant listed in this application ever filed bankruptcy? Please answer yes or no and provide any additional information  
 \_\_\_\_\_

Have you, your spouse, or any occupant listed in this application ever been convicted of a misdemeanor, a felony or sex related crime? Please date and list each.  
 \_\_\_\_\_

I understand that this application for an apartment is subject to acceptance or denial. I hereby state that the information set for above is true and complete and authorize verification of the information and references given including the investigation of a professional credit check, convictions record and background check for all applicants. Should any statement made above be a misrepresentation or untrue, the application may be denied.

I hereby consent to allowing Trio Properties, through its designated agent and its employees, to obtain and verify my credit information for the purpose of determining whether to lease an apartment to me. I understand that should I lease an apartment; Trio and its agent shall have the continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application review methods.

I understand that until I have completed and submitted all documents here in to allow Trio Properties to make an acceptance or denial decision, that no apartment home will be taken off the market and held exclusively for rental.

I understand if this application is accepted, I have 72 hours to sign the lease agreement and pay the required security deposit in certified funds to have an apartment home held exclusively off market for me. Where a decision has been made to use an alternative security deposit, the first full month's rent will be required in addition to the purchase of the alternative deposit.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LEASING SPECIALIST:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**FOR OFFICE USE ONLY**

1. APT # \_\_\_\_\_ UNIT TYPE: \_\_\_\_\_ Rental Rate Quoted: \_\_\_\_\_ Lease Term: \_\_\_\_\_

2. Concessions: \_\_\_\_\_

3. Person Accepting Application: \_\_\_\_\_ Date: \_\_\_\_\_

4. Person Processing Application: \_\_\_\_\_

5. Date the applicant(s) was notified by  phone  letter  in person; of  acceptance or  non-acceptance: \_\_\_\_\_

6. Name of applicant who was notified: \_\_\_\_\_

7. Name of owner's representative who notified applicant above: \_\_\_\_\_



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**EMPLOYMENT VERIFICATION**

**APPLICANT:** Please provide at least one month of pay stubs. If you are not able to provide pay stubs, please complete the top portion of this form so we may ask your employer to release the requested information.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
 Employee's Signature to authorize Release of Information

**EMPLOYER:** Your employee has applied for rental of an apartment managed by Trio. As part of the qualification process, we require verification of employment and the information requested below. Any information released will be kept in the strictest confidence. Please return this form via email, US Mail or facsimile to the number noted above. Thank you for your cooperation.

Trio Representative: \_\_\_\_\_ Date \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Overtime/Commissions: \_\_\_\_\_

Average Monthly Pay: \_\_\_\_\_

\_\_\_\_\_  
 Name & Title of Supervisor (Please print) Signature Date Phone

Please note: A Trio Representative may call to verify.





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## LANDLORD REFERENCE

**APPLICANT:** Please complete the **top portion** of this form so that your current landlord may release the requested information.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_

LANDLORD'S ADDRESS: \_\_\_\_\_  
 Street

\_\_\_\_\_ City State Zip Code

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_  
 Resident's Signature to authorize Release of Information

**LANDLORD:** Your resident has applied for rental of an apartment managed by Trio. As part of the qualification process, we require a reference from the applicant's current landlord and basic information requested below. Any information released will be kept in the strictest confidence. Please return this form via email, facsimile or U.S. mail to the number or address noted above. Thank you for your cooperation.

Trio Representative \_\_\_\_\_ Date \_\_\_\_\_

Is applicant party to a lease/rental agreement? \_\_\_\_\_ If so, expiration date: \_\_\_\_\_

How long have they resided at the above address? \_\_\_\_\_

Is the rental account current? \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Rent is generally paid: \_\_\_\_\_ On-Time, \_\_\_\_\_ Occasionally Late, \_\_\_\_\_ Often Late

Have any legal notices been served to this resident? \_\_\_\_\_

Have there been any complaints against this resident? \_\_\_\_\_

Housekeeping Habits: \_\_\_\_\_ Good, \_\_\_\_\_ Average, \_\_\_\_\_ Poor

Would you rent to this person again? \_\_\_\_\_ Yes, \_\_\_\_\_ No, \_\_\_\_\_ Not Sure

Comments: \_\_\_\_\_

Name & Title of Authorized Person \_\_\_\_\_  
 (Please Print)

Phone: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

