

CREDIT RENTAL APPLICATION

EAGLE CAPITAL GROUP, LLC (Wickham Gardens Condos)
545 North Main Street, Suite D
Manchester, CT 06042 Tel: 860-533-9770
www.wickhamgardens.com

OFFICE USE ONLY

Approved _____ Not Approved _____
Apt # Assigned _____
Amt Deposit Received _____
Date Deposit Received _____
Lease Start/End Dates _____
Occupancy Date _____

APPLICATION DATE _____
BEDROOMS REQUESTED _____ APT # REQUESTED _____
RENT: \$ _____ Application Fee Paid \$ _____ CASH/MO
CIRCLE ONE

****PLEASE PRINT CLEARLY****

APPLICANT NAME _____ GENDER: M/F Date of Birth ____/____/____
FIRST MIDDLE INITIAL LAST CIRCLE ONE
Social Security Number _____ - _____ - _____ Driver's License Number _____ State _____
SECOND APPLICANT NAME _____ GENDER: M/F Date of Birth ____/____/____
FIRST MIDDLE INITIAL LAST CIRCLE ONE
Social Security Number _____ - _____ - _____ Driver's License Number _____ State _____

APPLICANT INFO:

Phone: _____ Email: _____

_____ From _____
CURRENT ADDRESS (#, Street, City, State, ZIP) Mo/Yr

_____ \$ _____
Current Landlord Name Current Landlord Phone Current Rent Per Month

_____ From/To _____
Previous Address (#, Street, City, State, Zip) Previous Landlord Name & Phone Mo/Yr

CURRENT EMPLOYER (Name & Address) Mo/Yr

Supervisor's Name _____ Your Title/Position _____ Hourly Rate _____ Full time/PT
Salary \$ _____ Yr/Mo/Wk
CIRCLE ONE

_____ From/To _____
Previous Employer (Name & Address) Mo/Yr

Supervisor's Name _____ Your Title/Position _____ Hourly Rate _____ Full time/PT
Salary \$ _____ Yr/Mo/Wk
CIRCLE ONE

SECOND APPLICANT - SPOUSE/ROOMMATE/COSIGNER INFO:

Phone: _____ Email: _____

_____ From _____
CURRENT ADDRESS (#, Street, City, State, ZIP) Mo/Yr

_____ \$ _____
Current Landlord Name Current Landlord Phone Current Rent Per Month

_____ From/To _____
Previous Address (#, Street, City, State, Zip) Previous Landlord Name & Phone Mo/Yr

CURRENT EMPLOYER (Name & Address) Mo/Yr

Supervisor's Name _____ Your Title/Position _____ Hourly Rate _____ Full time/PT
Salary \$ _____ Yr/Mo/Wk
CIRCLE ONE

_____ From/To _____
Previous Employer (Name & Address) Mo/Yr

Supervisor's Name _____ Your Title/Position _____ Hourly Rate _____ Full time/PT
Salary \$ _____ Yr/Mo/Wk
CIRCLE ONE

APPLICANT NAMES: _____ PG 2

Emergency Contact (Name & Relationship) _____ Phone _____

Bedrooms Requested _____ When do you want to move in? _____ How long do you plan to live here? _____

Have you been convicted of a felony? Yes _____ No _____ **If YES, please explain on back**
Have you ever broken a lease or been evicted from any type of housing? Yes _____ No _____ **If YES, please explain on back**

Name of Other Occupants (not applicant, spouse, or roommate): *(All persons occupying premises must be listed)*

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

1 PARKING PERMIT PROVIDED FOR 1 BEDROOM UNIT; 2 PARKING PERMITS PROVIDED FOR 2 BEDROOM UNITS

How many vehicles (including company cars) would you keep at this address? _____

Make/Model _____ Color _____ Year _____ License Plate # _____ State _____

Make/Model _____ Color _____ Year _____ License Plate # _____ State _____

Do tenants smoke? Yes _____ No _____ Do you have any pets? Yes _____ No _____ If YES, what kind? _____

Current Military Service? (please check one) No _____ Active Duty _____ Reservist _____

Do you know any current residents of Wickham Gardens? If YES, Name and Apt. number _____

Has any applicant/spouse/roommate/co-signor ever lived at Wickham Gardens? Yes _____ No _____

If YES, Name, Apt. number and from/to dates _____

How did you hear of Wickham Gardens? Please circle one: Referral Drive by Internet Newspaper Other: _____

!!PLEASE READ CAREFULLY BEFORE SIGNING!!

You have my permission to run a credit check: YES _____ NO _____. A credit check will appear on your credit report as an inquiry from AmRent. This application and the contents thereof are represented, by me, to be accurate and complete.

The Landlord will either accept or deny this application. **THERE IS A NON-REFUNDABLE \$40.00 APPLICATION FEE FOR EACH ADULT APPLICANT.** Applicant hereby waives any claim for damages by reason of non-acceptance of this application, which the Landlord may deny without stating any reason whatsoever for doing so.

I authorize Eagle Capital Group, LLC and AmRent to perform and complete a check of police records pertaining to myself as part of a personal check in connection with this application for rental.

Landlord or its representatives cannot be held responsible or liable for the occupancy date written above. Possession to the premises is not guaranteed until Landlord deems apartment ready for occupancy.

Applicant's Signature _____ Date _____

Second Applicant's Signature _____ Date _____