



Paradise Agency, LLC

Real Estate • Property Management

151 Broadway

P.O. Box 175

Colchester, Connecticut 06415

Phone: (860) 537-7044 • Fax: (860) 537-1142 • TDD/TT: 1-800-842-9710

Visit us at www.paradiseagency.com



Gan Aden Fields
564 Norwich Avenue
Colchester, CT 06415

Thank you for your interest in our apartments! Please complete our Rental Application as accurately as possible and return it to this office at the address noted above. Should you have any questions about the application or any step in the application process, please do not hesitate to contact us.

Gan Aden Fields comprises 6 two-bedroom, one-story “garden style” apartments, each with laundry hook-up. All units are barrier-free.

As you complete the application process, please note the following:

1. These apartments are age-restricted. One member of the household must be 55 years of age or older.
2. Your household income must total at least \$30,000. We will ask for verification of all sources of income
3. When an apartment becomes available, we will contact you and schedule a time to show it to you. After you see the apartment, if you decide to proceed with your application, we will collect a \$25.00 fee for a credit history and criminal background report for each applicant and each household member over the age of 18.
4. After reviewing your application (including the credit history and criminal background report), we will contact you to tell you whether your application has been approved, and if so, we will offer you the apartment.
5. If you accept the apartment, we will ask you to send in a \$400.00 non-refundable deposit, which will be applied toward your security deposit. We will also schedule a time to meet you to sign the lease. You will be required to pay the balance of your security deposit and the first month's rent at the time the lease is signed
6. Pets are not allowed.



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Rental Application

FOR OFFICE USE ONLY

Date App. Rcvd _____

Deposit Rcvd & Date _____

Unit Occ & Date _____

GAN ADEN Fields

564 Norwich Ave Colchester CT 06415

All 2 BR Garden w/ laundry

Property Name

Address

Would you like your application to be considered for other similar properties we manage? **YES** **NO**

APPLICANT / CO-APPLICANT INFORMATION

1. FULL NAME (Applicant) _____ Social Security # _____

Date of Birth _____

Email address _____ Phone _____ Cell _____

2. FULL NAME (Co-Applicant) _____ Social Security # _____

Relationship to Applicant _____ Date of Birth _____

Email address _____ Phone _____ Cell _____

3. INFORMATION ABOUT ALL OTHER OCCUPANTS

Name	Date of Birth	Gender	Relationship	Social Security Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RESIDENCE HISTORY

1. CURRENT ADDRESS (Applicant) _____

Street City State Zip

Length at this address _____ Reason for Leaving _____

Expenses: monthly Rent _____ Fuel _____ Electric _____ Other _____

Owner/Agent/Landlord: _____ Phone: () _____

Have you ever been evicted? Yes No If yes, please explain on attached page.

2. CURRENT ADDRESS (Co-Applicant) _____

Street City State Zip

Length at this address _____ Reason for Leaving _____

Expenses: monthly Rent _____ Fuel _____ Electric _____ Other _____

Owner/Agent/Landlord: _____ Phone: () _____

Have you ever been evicted? Yes No If yes, please explain on attached page.

3. PREVIOUS ADDRESSES if within 3 years:

Applicant: _____
Street City State Owner/Agent/Landlord

Length at this address: _____ Reason for Leaving: _____

Co-Applicant: _____
Street City State Owner/Agent/Landlord

Length at this address: _____ Reason for Leaving: _____

BANK AND CREDIT REFERENCES

Bank Name	City, State	Branch	Type of Account	Account Number
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1. _____

2. _____

3. _____

Have you ever filed for bankruptcy? Applicant: Yes No If yes, please explain on attached page.

Co-Applicant: Yes No If yes, please explain on attached page.

EMPLOYMENT INFORMATION

1. EMPLOYER (Applicant) _____

Employer's Address _____ Phone(____) _____

Position _____ Supervisor _____ Date Employment Began _____

2. PREVIOUS EMPLOYER (Applicant) _____ Phone(____) _____

May we contact your current employer? Yes No

3. EMPLOYER (Co-Applicant) _____

Employer's Address _____ Phone(____) _____

Position _____ Supervisor _____ Date Employment Began _____

4. PREVIOUS EMPLOYER (Co-Applicant) _____ Phone(____) _____

May we contact your current employer? Yes No

INCOME INFORMATION

Please fill in gross annual amounts from the following sources of income:

	Applicant (yearly)	Co-Applicant(yearly)
1. Wages	_____	_____
2. Social Security	_____	_____
3. Veteran's Benefits	_____	_____
4. Interest Income	_____	_____
5. Pension/Annuity	_____	_____
6. Business/Rental	_____	_____
7. Public Assistance	_____	_____
8. Child Support/Alimony	_____	_____
9. Unemployment Benefits	_____	_____
10. Family Support	_____	_____
11. Other (please detail) _____	_____	_____
12. TOTAL INCOME: Yearly	_____	_____

PLEASE NOTE THE FOLLOWING:

- A credit check and criminal background check will be performed for both Applicant and Co-Applicant.
- This is a preliminary application and in no way guarantees that you will be offered an apartment.
- Additional information may be requested in order to complete the processing of your application.
- Should you lease an apartment, this application and the information it contains are made parts of the lease entered into between the Applicant/Co-Applicant and Paradise Agency, LLC. Any material misrepresentation in the information provided herein will constitute a default under the lease.

AUTHORIZATION AND RELEASE

- By signing below, the Applicant and Co-Applicant represent that the information contained herein is true and complete. The Applicant and Co-Applicant also hereby authorize Paradise Agency, LLC and its agents to perform all necessary inquiries to verify the information contained in this application, including searches of credit records and other public documents.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

ADDITIONAL INFORMATION / EXPLANATION

Please use the space below to explain in more detail any of your responses.

FOR OFFICE USE ONLY

Credit Fee: Amount: _____

Date Rec'd: _____

Unit Shown: Prop: _____

Date Shown: _____

Comments:
