Bill Gary Associates 34 Fallsbrook Rd.

Bristol CT. 06010 860-583-2077

Residency Application Applicant Information

Name:				
Phone #:				
Email:				
D.O.B. (Date of Birth):				
SSN (Social Security Number):				
Present Address:				
Present Landlord: Their Phone number:				
Reason for Moving?:				
Previous Address:				
Previous Landlord: Their Phone number:				
Reason for Moving:				
Have you ever been evicted? If yes, please explain:				
Have you ever been arrested? Convicted? Reason?				
Do you have any pending legal issues? If yes, explain:				
Are you currently on parole or probation:				
Are you currently employed? If yes, where?				
Supervisor Name and Contact #:				
How Long? Income from employment per month?				
Other income per month? Source of other income?				

Please list 3 references (name, relationship, and phone #):

1	
2	
3	
Do you have any physical or medical conditions that housing should be aware of? If yes,	
please explain:	
Do you have any children? If yes, please list names, D.O.B. and who has current custody:	
Emergency Contact (name, relationship, phone number & email address):	
Vehicle Information: Make: Model: License Plate State and Nu	mber: Color:
Year: Insurance Carrier: Policy#: Agents	Name and Phone #:
Driver's License #:	
Residency is subject to verified references and credit checks. I hereby apply for residence	y with New Horizon Living
Center and/or Bill Gary Associates. With my signature, I authorize and request all credit rep	orting agencies, employers,
credit, and personal references to release all pertinent information about me. A photocopy of	this shall be as valid as the
original. I understand that the credit report (rental history, arrest and/or conviction records	, credit history, and tenant
performances) may be done. I have read and understood everything on this application.	

Signed:	 Date:	
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