

**VIP APARTMENTS**  
**175 Canton St #A8**  
**West Haven, CT 06516**  
**p. (203) 795-0332 f. (203) 931-7341**  
**WWW.APARTMENTSATVIP.COM**

PLEASE RETURN ALL APPLICATIONS TO ADDRESS LISTED ABOVE.  
 RETURN WITH 2 CURRENT PAYSTUBS & PHOTO ID FOR ALL ADULTS.

**\* NO DOGS ALLOWED \***

DATE \_\_\_\_\_

|                                  |             |                |
|----------------------------------|-------------|----------------|
| Type and Size of Apartment _____ |             |                |
| Desired Date of Occupancy _____  | Apt.# _____ | Building _____ |

| PERSONAL INFORMATION        |                      |
|-----------------------------|----------------------|
| APPLICANT'S FULL NAME _____ |                      |
| Date of Birth _____         | Marital Status _____ |

| Co-Residents   | Relationship | D.O.B. |
|--|--------------|--------|
|  |              |        |
|  |              |        |
|  |              |        |
|  |              |        |
|  |              |        |
|  |              |        |
|  |              |        |
| <div style="display: flex; justify-content: space-between;"> <span>Pets? _____</span> <span>E-Mail Address _____</span> </div> |              |        |

| APPLICANT HISTORY       |  |
|-------------------------|--|
| PRESENT ADDRESS _____   |  |
| Present Telephone _____ | Length of Time at Present Address _____  |
| Present Landlord _____  | Landlord's Telephone _____               |
| Amount of Rent _____    | Reason for Moving _____                  |
| PREVIOUS ADDRESS _____  |  |
| Previous Landlord _____ | Length of Time at Previous Address _____ |
| Amount of Rent _____    | Landlord's Telephone _____               |
| Reason for Moving _____ |  |

| CO-RESIDENT HISTORY     |  |
|-------------------------|--|
| PRESENT ADDRESS _____   |  |
| Present Telephone _____ | Length of Time at Present Address _____  |
| Present Landlord _____  | Landlord's Telephone _____               |
| Amount of Rent _____    | Reason for Moving _____                  |
| PREVIOUS ADDRESS _____  |  |
| Previous Landlord _____ | Length of Time at Previous Address _____ |
| Amount of Rent _____    | Landlord's Telephone _____               |
| Reason for Moving _____ |  |

**EMPLOYMENT INFORMATION**

EMPLOYED BY \_\_\_\_\_ How Long? \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position Held \_\_\_\_\_ Net Pay per week \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Supervisor \_\_\_\_\_  
Additional Employment \_\_\_\_\_ Net Pay per week \_\_\_\_\_

CO-RESIDENT'S EMPLOYER \_\_\_\_\_ How Long? \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position Held \_\_\_\_\_ Net Pay per week \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Supervisor \_\_\_\_\_

**REFERENCES**

PERSONAL REFERENCE #1 \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

PERSONAL REFERENCE #2 \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

OTHER REFERENCE \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**OTHER INFORMATION**

Number of Automobiles \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_ Tag No. \_\_\_\_\_  
Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_ Tag No. \_\_\_\_\_

Have you ever been evicted or asked to move-out? \_\_\_\_\_

How did you hear about VIP Apartments? \_\_\_\_\_

Do you receive State Assistance? \_\_\_\_\_ Do you receive Federal Assistance? \_\_\_\_\_

Do you receive Housing Assistance? RAP/Section 8 \_\_\_\_\_

In Case of Personal Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

*I (we) hereby submit an application for an apartment and certify that this is information is correct. I (we) authorize complete verification of all the information I (we) have provided. I (we) authorize you to contact any person, landlord, employer, reference, etc. that is listed and or provided otherwise. I (we) also authorize you to obtain my (our) consumer credit report from your credit reporting agency, which will appear as an inquiry on my (our) file. I (we) authorize you to obtain a criminal history report as part of my (our) background check. This form is an application to rent and may be rejected if I (we) fail to qualify or if any information is found to be false.*

APPLICANT'S SIGNATURE \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

Please check box below if sending by e-mail:

*By checking this box, I/we acknowledge that the execution of my/our electronic signature(s) is/are the legally binding equivalent of my/our handwritten signature(s) on this paper.*