



Thank you for your interest in our community! If you would like to apply for residency at 390 Capitol Lofts, the following forms require your signature:

- Application for Residency
- Landlord verification form

You will also need to submit the following with each application:

- Copy of state issued photo identification
- Copy of social security card

Proof of Income: Please provide only one of the following that apply:

- Four consecutive weekly paystubs;
- Two consecutive bi-weekly or bi-monthly paystubs;
- Offer letter from employer;
- If self-employed please provide current and prior year tax returns.



390 Capitol Lofts
390 Capitol Ave. Hartford, CT 06106
860.244.2271 | capitollofts@HallKeen.com
Managed By: HallKeen Management

RENTAL APPLICATION

(Note: Each co-resident over 18 years of age **must** submit a separate application.)

APPLICANT

Full Name: _____ Phone #: _____

Social Security #: _____ Date of Birth _____

Occupation: _____ Gross Annual Income: _____

Number of Bedrooms Required _____ Email: _____

List others to reside in apartment:

1. _____

2. _____

Present Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Rent or Own? _____ Dates: _____ Mthly Payment: _____

Landlord/Lender: _____ Street _____

City: _____ State: _____ Phone: _____

Previous Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Rent or Own? _____ Dates: _____ Mthly Payment: _____

Landlord/Lender: _____ Street _____

City: _____ State: _____ Phone: _____

Previous Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Rent or Own? _____ Dates: _____ Mthly Payment: _____

Landlord/Lender: _____ Street _____



City: _____ State: _____ Phone: _____

Current Employer or Income Source:

(Please attach most recent W-2 or 1099 tax documents and two of the most current pay stubs)

Name of Employer/Source of Income: _____

Address: _____

Phone #: _____ Employment Date: _____

Position: _____ Salary: _____

Other source of Income:

	Type of Income	Source/Bank	Gross Annual Amount
1.	_____	_____	_____
2.	_____	_____	_____

Have you ever been evicted from your home for any reason? If so, please give details:

Have you ever been arrested or convicted of any crime? If so, please give details:

Relatives/Emergency Contact (Not residing with you)

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

How Did You Hear About Us?

Advertisement – If so, which newspaper or website? _____

Friend, family or co-worker – If so, please give us the name of the person who referred you so we can thank them: _____.

Other -- Please explain: _____.



Base rent and other monthly charges are due and payable on the first day of each month in advance.

Management shall not make any inquiry concerning race, religious creed, color, national origin, sex, sexual orientation, age (except if a minor), ancestry or marital status of the applicant or concerning the fact that the applicant is a veteran or a member of the armed forces or is handicapped or disabled. The applicant authorizes the Management and/or Renting Agency to obtain or cause to be prepared a consumer credit report relating to the applicant.

Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, water or otherwise, unless caused by their negligence.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Lease agreement in the usual form, a copy of which the applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report, criminal background report as well as information regarding my employment and rental history. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

Deposit is to be applied to actual damages sustained by the owner, except it is to be refunded if said application is not accepted by the owner. This application and deposit are taken subject to previous applications.

Signature of Applicant

Date

Signature of Applicant

Date

Base Rent Per Month _____

Other Monthly Charges _____ Explain _____

Application Fee _____ Security Deposit _____

Last Month's Rent _____ Bal. Due Upon Acceptance _____





Date: _____

To whom it may concern:

_____ has applied for residency at our property. In order to complete the application process, we require completion of the below listed questions.

It would be appreciated if you would complete the following form and fax/email to:

capitollofts@hallkeen.com, or 860.244.2299.

Thank you for your assistance in this matter.

Sincerely,

390 Capitol Lofts Leasing & Management Staff
390 Capitol Ave. Hartford, CT 06106
O.860.244.2271
F.860.244.2299

I, _____ hereby authorize the release of the below listed information regarding current or previous housing.

Applicant signature

Date

Address: _____

Amount of monthly rent: _____

Dates of Residency: _____

Was the rent paid in a timely fashion? _____

Were there ever any complaints from neighbors? _____

Were there any other lease or rule violations? _____

Has the resident been asked to move from the premises? _____

Would you rent to the tenant again? _____

If no, please comment: _____

Prepared by (signature): _____

Date: _____

Please print name: _____

Position or title: _____

