

## Qualification Guidelines

Welcome to Soundview Landing. Your property management company is pledged to the letter and the spirit of the U.S. Policy for the achievement of Equal Housing Opportunity throughout the nation. It is Management's policy to adhere to the Fair Housing Act, which prohibits discriminatory housing practices, based on color, religion, sex, handicap, familial status, or national origin. Additionally, it is Management's policy to adhere to Connecticut's Discriminatory Housing Practices Act, which extends the prohibition of discriminatory housing practices, based on race, creed, mental or physical disability, ancestry, marital status, age (not counting minors), sexual orientation, gender identity or expression, and legal source of income.

Please note these are the current rental criteria and nothing in these requirements shall constitute a guarantee or representation by our community that all residents and occupants currently residing in our community have met these requirements. There may be residents and occupants that have resided here prior to these requirements going into effect: additionally, our ability to verify whether these requirements are met is limited to the information we receive from various resident reporting services.

### Rental Criteria:

- A rental application must be completed for each individual age eighteen (18) or over, including guarantors if required. A fee of \$75.00 per applicant will be due prior to processing any application.
  - The household gross monthly income must be verifiable and meet or exceed 3 times the monthly rent.
  - Applicants must have verifiable employment and/or income history. Self-employed persons must provide a copy of the prior year's tax return. Unemployed applicants must provide documentation regarding sources of income, e.g. - social security, pension, savings, interest, or provide a guarantor/co-signer that meets the guarantor/co-signers qualifying standards below. Copies of all documentation will be retained in the lease file.
  - Applicants must have a verifiable rental/mortgage history. Applicants with negative resident history -outstanding debt to an apartment community/landlord or eviction from apartment community/landlord - will be denied. Rentals from family members will be considered if a signed lease is provided. Guarantors/co-signers cannot be a substitute for this requirement.
  - Applicants must have a favorable credit history. Favorable credit history is no credit or more positive credit than negative. All outstanding obligations will be considered. Any applicant with an unfavorable credit history will be denied, or must provide a guarantor/co-signer that meets the guarantor/co-signers qualifying standards below.
  - Guarantors/co-signers must meet all of the above qualifications and must have at least six (6) times the monthly rent of the apartment being applied for. The guarantor must physically sign the lease either in the office or be notarized.
  - Any applicants who have been determined to have criminal conviction or current indictment for possession, sale, manufacture or distribution of controlled substances, prostitution, theft, burglary, felony, fraud, or for any crimes involving firearms, weapons, or crimes against persons or property will be denied residency and occupancy. Guarantors/co-signers cannot be a substitute for this requirement.

Management reserves the right to add or delete any or all of the above guidelines and qualifications.

Make check or money order payable to: Trinity Management, LLC

I have read and understand the Guidelines and Qualifications for Soundview Landing.

\_\_\_\_\_  
Prospective Resident (s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Resident (s)

\_\_\_\_\_  
Date



**APPLICATION FOR APARTMENT HOME RENTAL**

**NOTE: This ENTIRE application must be filled out or it may not be considered for acceptance. Please read qualifications prior to completing application. All applicants over 18 years of age must submit separate applications.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sr., Jr.,: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total No. of Occupants: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_

Apt. size needed: \_\_\_\_\_ Desired move-in date, Earliest: \_\_\_\_\_, Latest: \_\_\_\_\_

**How did you learn about Apartment?** \_\_\_\_\_ **Your Rent Budget Amount: \$** \_\_\_\_\_

**OCCUPANTS:** (in addition to person listed above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

**HOUSING INFORMATION:**

**Present** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move-in date: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Landlord (Co. or person): \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_ Landlord's Fax: \_\_\_\_\_

**Previous** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move-in date: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Landlord (Co. or person): \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_ Landlord's Fax: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

**Present** Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ H/R Phone: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Overtime/Bonus/Other?: \_\_\_\_\_

**Previous** Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_ H/R Phone: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_ Overtime/Bonus/Other?: \_\_\_\_\_

**PETS:**

Type \_\_\_\_\_ Breed \_\_\_\_\_ weight \_\_\_\_\_ name \_\_\_\_\_ age \_\_\_\_\_

Type \_\_\_\_\_ Breed \_\_\_\_\_ weight \_\_\_\_\_ name \_\_\_\_\_ age \_\_\_\_\_

Soundview Landing  
13 Day Street  
Norwalk, CT 06854

Phone: (203) 714-8060

Fax: 203-831-9559

Email: soundviewlanding@trinitymanagementcompany.com

**VEHICLE INFORMATION:**

VEHICLE(S)/RECREATIONAL #1 (Year, Make, Model, Color): \_\_\_\_\_

License Plate #1: \_\_\_\_\_ State: \_\_\_\_\_

VEHICLE(S)/RECREATIONAL #2 (Year, Make, Model, Color): \_\_\_\_\_

License Plate #2: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCY:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your apartment or the common areas.

Have you, your spouse, or any occupant listed in this application ever been  evicted,  filed bankruptcy,  been arrested for a felony or sex related crime? Please date and list each: \_\_\_\_\_

I understand that this application for an apartment is subject to acceptance or denial. I hereby state that the information set forth above is true and complete and authorize verification of the information and references given including the investigation of a professional credit check, arrest/convictions record and background check for all applicants. Should any statement made above be a misrepresentation or untrue, the application fee will be retained as compensation to the agent for holding the apartment off the market.

It is understood the holding deposit received, \$ \_\_\_\_\_, will be returned if applicant is not accepted as a resident. If accepted and the resident does not move in on the starting date given, the amount received is hereby acknowledge as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. I understand I may cancel this application by written notice within 72 hours and receive a full refund of the holding deposit. **If I cancel after 72 hours, I understand I forfeit the holding deposit.**

I have submitted the sum of \$ \_\_\_\_\_, which is a **non-refundable application fee** for a credit check and other processing costs of this application. This sum is not a rental payment or security deposit and will be retained by Management to cover the costs of processing the application whether my application is accepted or not.

I hereby consent to allow Management, through its designated agent and its employees, to obtain and verify my credit information for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Management and its agent shall have the continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application review methods.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LEASING SPECIALIST:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**FOR OFFICE USE ONLY**

1. APT # \_\_\_\_\_ UNIT TYPE: \_\_\_\_\_ Rental Rate Quoted: \_\_\_\_\_ Lease Term: \_\_\_\_\_

2. Concessions: \_\_\_\_\_

3. Person Accepting Application: \_\_\_\_\_ Date: \_\_\_\_\_

4. Person Processing Application: \_\_\_\_\_

5. Date the applicant(s) was notified by  phone  letter  in person; of  acceptance or  non-acceptance: \_\_\_\_\_

6. Name of applicant who was notified: \_\_\_\_\_

7. Name of owner's representative who notified applicant above: \_\_\_\_\_

## EMPLOYMENT VERIFICATION

**APPLICANT:** Please complete the **top portion** of this form so that your employer may release the requested information.

Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's  
Signature: \_\_\_\_\_  
Employee's Signature to authorize Release of Information

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**EMPLOYER:** Your employee has applied for rental of an apartment at Soundview Landing. As part of the qualification process, we require verification of employment and the information requested below. Any information released will be kept in the strictest confidence. Please return this form via email, US Mail or facsimile to the number noted above. Thank you for your cooperation.

Management Representative: \_\_\_\_\_ Date \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Overtime/Commissions: \_\_\_\_\_

Average Monthly Pay: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature Date Phone

Please note: A Management Representative may call to verify.



## LANDLORD REFERENCE

**APPLICANT:** Please complete the **top portion** of this form so that your current landlord may release the requested information.

Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's  
Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Resident's Signature to authorize Release of Information

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**LANDLORD:** Your resident has applied for rental of an apartment at Soundview Landing. As part of the qualification process, we require a reference from the applicant's current landlord and basic information requested below. Any information released will be kept in the strictest confidence. Please return this form via email, facsimile or U.S. mail to the number or address noted above. Thank you for your cooperation.

Management Representative \_\_\_\_\_ Date \_\_\_\_\_

Is applicant party to a lease/rental agreement? \_\_\_\_\_ If so, expiration date: \_\_\_\_\_

How long have they resided at the above address? \_\_\_\_\_

Is the rental account current? \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Rent is generally paid: On-Time \_\_\_\_ Occasionally Late \_\_\_\_ Often Late \_\_\_\_

Have any legal notices been served to this resident? \_\_\_\_\_

Have there been any complaints against this resident? \_\_\_\_\_

Housekeeping Habits: Good \_\_\_\_ Average \_\_\_\_ Poor \_\_\_\_

Would you rent to this person again? Yes \_\_\_\_ No \_\_\_\_ Not Sure \_\_\_\_

Comments: \_\_\_\_\_

Name & Title of Authorized Person \_\_\_\_\_

(Please Print)

Phone: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_