

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?


☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

THE CARABETTA ORGANIZATION

Return to: CARABETTA MANAGEMENT COMPANY Attn: Leasing Department P.O. Box C-1011 Meriden, CT 06450		RENTAL APPLICATION Dated _____/_____/_____ Received _____/_____/_____ Property _____
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Complex Name: _____

Applicant _____ (Name) _____ (Address) _____ (City/State) _____ (Telephone) _____ (Social Security Number) _____ (Date of Birth) _____ (Driver's License Number) _____	Co-Applicant _____ (Name) _____ (Address) _____ (City/State) _____ (Telephone) _____ (Social Security Number) _____ (Date of Birth) _____ (Driver's License Number) _____
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List all household members who will be living in the unit together with the information listed below

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

EMPLOYMENT HISTORY:	EMPLOYMENT HISTORY:
Applicant: Employer/Business Name: _____ Street: _____ City/State: _____ Position: _____ How Long: _____ Annual Income: _____	2nd Applicant Employer/Business Name: _____ Street: _____ City/State: _____ Position: _____ How Long: _____ Annual Income: _____

LANDLORD HISTORY:

Current: Name: _____ Street: _____ City/State: _____ Length of Occupancy: _____ Rent: \$ _____ <div align="right">Annual / Monthly</div>	Prior: Name: _____ Street: _____ City/State: _____ Length of Occupancy: _____ Rent: \$ _____ <div align="right">Annual / Monthly</div>
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BANK REFERENCES

Bank Name: _____ Street: _____ City/State: _____ Telephone: _____ Account #1: _____ Type of Account: _____ Account #2: _____	Bank Name: _____ Street: _____ City/State: _____ Telephone: _____ Account #1: _____ Type of Account: _____ Account #2: _____
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VEHICLES

Make / Model / Year: _____ Color: _____ License #: _____	Make / Model / Year: _____ Color: _____ License #: _____
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Any Additional Vehicles? **YES / NO**

CREDIT REFERENCES

Name: _____
Street: _____
City/State: _____
Telephone: _____
Account #1: _____
Purpose of Account: _____
Date Opened / Closed: _____

Name: _____
Street: _____
City/State: _____
Telephone: _____
Account #1: _____
Purpose of Account: _____
Date Opened / Closed: _____

MISCELLANEOUS

- A) Have you ever lived at this apartment complex before? **YES / NO**
- B) Have you ever resided at any apartment complexes managed by Carabetta Management Co. before? **YES / NO**
If yes, where & when: _____
- C) Will a creditor or prior landlord Investigation reveal any information that you think might be negative? **YES / NO**
- D) Have you ever been a party to an eviction proceeding? **YES / NO**
- E) Do you have any pets? **YES / NO** If yes, name species: _____
- F) **List persons to contact in case of EMERGENCY:** _____ **List Name of RELATIVE not living with you:** _____

Name: _____
Street: _____
City/State: _____
Telephone: _____

Name: _____
Street: _____
City/State: _____
Telephone: _____

SIGNATURE OF APPLICANT

By signing below, you agree that the apartment cannot be occupied until a Lease is signed and the first month's rent and security deposit equivalent to one month's rent is paid by:

MONEY ORDER ONLY. CASH AND I OR PERSONAL CHECKS WILL NOT BE ACCEPTED.

If, after being approved for occupancy, you elect not to occupy the apartment, you agree to forfeit your deposit

I / We hereby certify that only those person(s) listed on this application will occupy the premises. Further, I / We agree that if any other information herein contained is false, Management may, at its option and without notice, cancel any lease made on the basis of the information provided as part of this application.

I / We hereby certify that I / We are 18 years of age or older. I / We hereby apply for an apartment at the above mentioned location with my / our signature(s) below I / We hereby authorize and request all credit and criminal agencies, employers, credit, and personal references to release all pertinent information about me / us.

APPLICANTS SIGNATURE: _____ DATE: _____

PRINT NAME: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____

PLEASE NOTE

APPLICATIONS THAT HAVE BEEN ON A WAITING LIST FOR A SIX MONTH PERIOD MAY BE DISCARDED, UNLESS RENEWED BY THE APPLICANT(S) BY MAIL. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF THIS APPLICATION.

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

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Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A