

Raffone Realty 1399 State St., Suite 6 (rear), New Haven, CT 06511
Office (203) 787-2900 x300 Fax (203) 772-0170 www.raffonerealty.com

Lease Application - Credit Check Authorization (Use separate sheet for each person over 18 yrs of age & Guarantor)

Date: _____ Occupancy desired on: _____ Add of Apt you are applying for: _____
 Name: _____ Phones: _____
 Cell: _____ Other: _____
 St Add: _____ Yr/Mo this add: _____ Mo Yr Rent Own
 City: _____ Sate: _____ Zip: _____
 Soc Sec No: _____ Date Birth: _____

AUTHORIZATION: I hereby authorize the Greater New Haven Association of Realtors, Inc., to obtain a credit report from a credit reporting agency and to forward such report to RAFFONE REALTY. I certify that the above information is accurate to the best of my knowledge and contains no false information. I acknowledge receiving a copy of this form including information about contacting the credit rating agency that issued the credit report.

Applicant
Signature _____

Date _____

NOTICE. If you are turned down for credit based wholly or in part on a credit report, you may make a written request to the credit rating agency for disclosure of the nature and substance of all information, except medical information, in its files, for purposes of verification and the credit rating agency shall correct any misinformation contained upon receiving satisfactory presentation of any proof of error. Such request for disclosure must be made not more than thirty (30) days after notification of an adverse action by the creditor. There is no fee for this request. *To correct information contained in the report, contact: Experian, P.O. Box 949, Allen, TX 75013, Phone 1-888-397-3742.* Other credit rating agencies are: Trans Union 1-800-796-6623, Equifax 1-800-685-1111. If information that you believe to be incorrect is not removed from your file by the credit rating agency after their investigation of your presentation of proof of error, you have the right to enter a statement of one hundred words or less in your file, explaining why you dispute the accuracy of your record file. The Greater New Haven Association of Realtors, Inc. or the Agent or Firm that ordered this report are not the credit rating agency and any request to correct information must go directly to the credit rating agency that provided the credit report.

List occupants
 1-other than you: _____
 2-Rent/Mortgage current?: []Yes []No/explain: _____
 3-Landlords Name: _____ Landlords Phone: _____ Landlord related to you? []No []Yes/explain: _____
 4-Previous add: _____ Months at this add: _____ Ever Late paying rent? _____
 5-Landlords Name: _____ Landlords Phone: _____ Landlord related to you? []No []Yes/explain _____ Ever late paying rent? _____
 6-Are you now or have you ever been named a party to an eviction action? []No []Yes/explain: _____
 7-Has a minor child of yours been diagnosed with an elevated blood level? []No []Yes/Names: _____
 8-Have you ever been arrested (excluding motor vehicle)? []No []Yes/explain: _____
 9-List ea vehicle that you intend to park at the leased premises for more than 1 week per month: _____
 10-List pet(s) you wish Landlord to consider approving. Pets not approved in writing, are not allowed :Type: _____ Size/lbs: _____
 11-Bank/Checking: _____ Bal:\$ _____ Bank/Savings: _____ Bal: _____
 12-Other Savings: _____ Bal:\$ _____ Other Savings: _____ Bal: _____
 13-Relative #1: _____ Phone: _____ Add: _____
 14-Relative #2: _____ Phone: _____ Add: _____
 15-Employed at: _____ on job: _____ Position: _____
 Take Home \$ _____ Per: _____ Supervisors Name: _____ Supers Phone# _____
 Incl area code: _____
 16-Other income? []No []Yes/Source: _____ Time on job: _____ Position: _____
 Take Home \$ _____ Per: _____ Supervisors Name: _____ Supers Phone# _____
 Incl area code: _____
 17-Prev Employed at: _____ Time on job: _____ Position: _____
 Supervisor Name: _____ Phone & Ext: _____

Please fill in, attach \$25 application fee plus Deposit. Acceptable payment is Cash or Money Order. If accepted lease must be signed within 48 hours or Deposit is forfeited. If application is declined, Deposit is refunded. At time of lease signing balance due must be paid by Cash or Money Order. Applicant(s) agree as follows: 1)-Release of above information, Consumer Credit Report & Public information; 2)-That possession to premises is not guaranteed until Landlord deems it ready for occupancy. Any delay, inconvenience or guarantee by anyone other than Landlord shall not be the responsibility of Landlord. 3)-Tenants accept apartment in the condition it was in on date 1st seen. 4)-Photocopy or facsimiles are deemed equivalent to the original. 5)-Ap's have received copy of this form.

Applicant please sign above _____ Date _____ Day phone: _____ Eve Phone: _____
 Your e-mail add: _____ Cell phone: _____ Fax: _____

White copy-Office Yellow copy-Applicant

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EMPLOYEE: FILL IN & TAKE TO YOUR EMPLOYER TO COMPLETE LOWER SECTION & FAX BACK TO US AT (203) 772-0170

To (Employer contact person's name): _____

Company: _____

Fax#: _____ Phone# _____ Ext _____

I (Applicants Name), _____,

of (current address) _____

SS#: _____, Date of birth _____, do hereby authorize my employer to
release information in connection with a rental application:

Authorized by Applicant/Employee sign _____ Date: _____

EMPLOYER PLEASE FILL IN AND FAX TO RAFFONE REALTY AT (203) 772-0170

Employee's length of employment: _____

Number of hours worked: Past 30 days: _____ Past 90 days: _____

Employed since: _____

Employee's Social Security number is correct? []Yes []No/Correct # is: _____

Employee is paid: []Weekly []BiWeekly []Monthly

Employee is paid a: []Salary/Amount\$ _____ []Hourly/Amount\$ _____ []Commission \$ _____

Employee's earnings during past quarter \$ _____

Likelihood of continued employment? _____

Comments: _____

Signed by (Employer): _____ Title: _____ Date: _____

Printed name of person signing above: _____

Employer, please complete/fax to Raffone Realty (203) 772-0170. Thank you for you cooperation. Vita Raffone

Current Landlords Release of Tenant Information – Tenants Authorization

Applicant: FILL IN, TAKE TO CURRENT LANDLORD.

CURRENT LANDLORD FILLS IN LOWER SECTION & FAXES BACK TO US AT (203) 772-0170

To (Current Landlord): _____

Company: _____

Fax#: _____ Phone# _____ Ext _____

I (Tenants name), _____,

of (current address) _____

SS#: _____, Date of birth _____, do hereby authorize you (Landlord)

To provide information in conjunction with a rental application.

Authorized by (Tenant sign) _____ Date: _____

LANDLORD PLEASE FILL IN AND FAX TO RAFFONE REALTY AT (203) 772-0170. Please answer each question. Thank you.

1. Tenants length of occupancy: From: _____ To: _____

2. Number of late payments during past 12 months: _____

3. Tenant ever been notified (writing/verbally) to discontinue a practice that interfered with the peaceful enjoyment of other

Tenant(s)? []No []Yes/Explain _____

4. Tenant ever been served with a Notice to Quit or party to an Eviction that was initiated by the Landlord? []No []Yes/please

explain: _____

5. Would you re-rent to this Tenant? []Yes []No/explain: _____

6. Comments: _____

Signed by (Current Landlord): _____ Title: _____ Date: _____

Printed name & title of person signing above: _____

Landlord, please fill in/fax to Raffone Realty (203) 772-0170. Thank you for you cooperation. Vita Raffone

TENANT INSPECTION FORM

NAME: _____

ADDRESS: _____

APARTMENT #: _____

OF BEDROOMS: _____

WORKING SMOKE DETECTOR: (circle one) YES NO

EVIDENCE OF OLD, PEELING OR CHIPPED PAINT: (circle one) YES NO (Possible lead paint problem?)

Circle ONE condition for each item:

<u>INTERIOR ITEMS</u>					<u>Comments</u>
Floors	Need Replacement	Scratched/Spots	Need Cleaning	OK	
Walls	Holes/Crumbling	Chipped/Peeling	Need Painting	OK	
Ceiling	Water Damage/Holes	Cracked	Needs Painting	OK	
Doors	Need Replacement	Need Repair	Need Painting	OK	
Windows	Need Replacement	Broken/Need Repair	Need Weatherizing	OK	
Wood Trim	Missing/Broken	Chipped/Cracked	Needs Cleaning	OK	
Tile	Missing/Broken	Chipped/Cracked	Needs Cleaning	OK	
Stairs	Dilapidated	Broken Rails	Need Painting	OK	
Cabinets	None/Broken	Missing Doors	Dirty/Marred	OK	

<u>PLUMBING ITEMS</u>					<u>Comments</u>
Bath Fixtures	Need Replacement	Water Leaks	Need Adjustment	OK	
Kitchen Fixtures	Need Replacement	Water Leaks	Need Adjustment	OK	
Bath Sink	Chipped/Broken	Stained	Needs Cleaning	OK	
Kitchen Sink	Chipped/Broken	Stained	Needs Cleaning	OK	
Toilet(s)	Not Working	Leaks/Broken	Need Adjustment	OK	
Hot Water	Not Included	Low Pressure	Too Cold/Adjust	OK	
Laundry Room	None	Needs Repair	Dirty	OK	
Tub/Shower	None	Needs Repair	Stained/Dirty	OK	
Bath Vent	None	Fan Broken	Window Only	OK	

<u>ELECTRIC ITEMS</u>					<u>Comments</u>
Wiring	Exposed	Missing Wall Plates	Broken Switches	OK	
Outlets	None	Not Working	One Per Room	OK	
Ceiling Lights	None	Need Replacement	Need Repair	OK	
Stove	Not Included	Needs Repair	Needs Cleaning	OK	
Refrigerator	Not Included	Needs Repair	Needs Cleaning	OK	

<u>HEATING</u>					<u>Comments</u>
System	Poor Heat	Some Rooms Adequate	Needs Repair	OK	
Radiators	Not Working	Need Repair	Noisy	OK	

<u>EXTERIOR ITEMS</u>					<u>Comments</u>
Yard	None	Can't Use	Debris	OK	
Halls	Unsafe	Need Lights	Need Cleaning	OK	
Stairs	Unsafe	Need Lights	Need Cleaning	OK	
Extermination (Pests)	Needed	Scheduled	None Needed	OK	
Porch(es)	Unsafe	Shaky	Need Repair/Paint	OK	
Siding	Needs Replacement	Needs Repair	Needs Cleaning	OK	
Paint	Chipped/Peeling	Old - Yellow	Dirty	OK	
Windows	Need Replacement	Need Repair	Need Cleaning	OK	
Doors	Missing	Need Hardware	Need Paint	OK	
Roof	Missing Tiles/Shingles	Leaks	Worn	OK	
Gutters	Broken	Clogged	Rusty	OK	

OTHER _____ Comments

REPORT COMPLETED BY: _____
(Please Print Clearly)

Signature of Tenant	Printed Name of Tenant	Date
Signature of Landlord/Authorized Agent	Printed Name of Landlord/Authorized Agent	Date