



CAMBRIDGE OXFORD APARTMENTS

C.A. White, Inc.
1211 Chapel Street
New Haven, CT 06511

Rental Application

FOR OFFICE USE ONLY	
DATE NEEDED	_____
APT. SIZE	_____ RENT \$ _____
PROPERTY	_____ APT. NO. _____
AGENT	_____

Applicant's Last Name	First	Middle	Birthdate	Driver's License No. & State	Soc. Sec. No.
Spouse's Name			Birthdate	Driver's License No. & State	Soc. Sec. No.

Other Occupants and Their Relationship

(1) _____ (2) _____ (3) _____

Do You Have Pet(s)?	How Many?	Kind of Pet, Breed, Weight & Age
<input type="checkbox"/> Yes <input type="checkbox"/> No		

PART I RESIDENCE HISTORY

Present Address	City	State	Zip	How Long?	Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Name & Address of Present Landlord/Apt Community or Mortgage Co.					Phone	Monthly Pmt. \$
Previous Residence Address	Previous Landlord or Apt. Community			Phone	How Long?	

PART II EMPLOYMENT HISTORY

Applicant Employed By	Supervisor's Name			How Long?		
Address	City	State	Zip	Phone	Position	Salary \$ _____ Per
Applicant's Previous Employment	Supervisor's Name			How Long?		
Address	City	State	Zip	Phone	Position	Salary \$ _____ Per
Spouse Employed By	Supervisor's Name			How Long?		
Address	City	State	Zip	Phone	Position	Salary \$ _____ Per

ADDITIONAL INCOME (OPTIONAL): Additional Income such as child support, alimony or separate maintenance need NOT be disclosed unless this Additional Income is to be included for qualification.

F Source: _____ Phone _____ Amount: \$ _____ Per _____

PART III**CREDIT AND LOAN REFERENCES**

No. of Vehicles on Property		Do you have any recreational vehicles, vans, boats, motorcycles? If so, specify.			
Vehicle 1 - Make / Model		Color	License No.	State	
Financed / Leased Thru		Phone	Account No.	Monthly Pmt.	
Vehicle 2 - Make / Model		Color	License No.	State	
Financed / Leased Thru		Phone	Account No.	Monthly Pmt.	
<i>Loans & Charge Accounts (including Banks, Dept. Stores, Credit Cards, etc. Do Not List Vehicle Loans Already Listed Above)</i>					
Owed To		Account No.	Phone	Total Owed	Monthly Payment
I					\$
J					\$
K					\$

PART IV**BANK REFERENCES**

Name of Bank or Financial Institution	Checking or Savings Account No.	Phone	Branch / City - State
L			
M			

In Case of Emergency, Notify	Relationship	Day Phone	Night Phone
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Applicant hereby represents that all the above statements are true, correct and complete. Applicant authorizes verification of the above information provided including, but not limited to, obtaining a consumer credit report and agrees to furnish additional information upon request. The cost of this credit processing is \$_____ to be paid by the applicant. This cost is not rent or deposit and will not be refunded.

Applicant's Signature: _____ Date: _____

Co - Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW

Driver's License Photo or Photo I.D. visually examined by _____

