APARTMENT APPLICATION

NOLAN ENTERPRISES
323 Main Street, Danbury, CT 06810
tele 203-797-8255 ~ fax 203-797-8104

NO PETS ALLOWED/ 6 WEEKS SECURITY REQUIRED

NAME_____**Social Security #**_____**date of birth**_____
last first middle
SPOUSE_____ **Social Security #**_____**date of birth**_____

CURRENTADDRESS_____

TELEPHONE_____**CELL PHONE**_____

RENTAL HISTORY

CURRENT LANDLORD NAME & TELEPHONE_____
DATES RESIDED AT ADDRESS_____MONTHLY RENT $_____
PREVIOUS ADDRESS_____
DATES RESIDED AT ADDRESS_____

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INCOME INFORMATION

APPLICANT	**SPOUSE**
EMPLOYER_____	EMPLOYER_____
TELEPHONE_____	TELEPHONE_____
WEEKLY GROSS SALARY_____	WEEKLY GROSS SALARY_____
DATES OF EMPLOYMENT_____	DATES OF EMPLOYMENT_____
OTHER INCOME_____	OTHER INCOME_____

PREVIOUS EMPLOYER_____	PREVIOUS EMPLOYER_____
TELEPHONE_____	TELEPHONE_____
WEEKLY GROSS SALARY_____	WEEKLY GROSS SALARY_____
DATES OF EMPLOYMENT_____	DATES OF EMPLOYMENT_____
REASON FOR LEAVING_____	REASON FOR LEAVING_____

PERSONAL INFORMATION

DO YOU HAVE PETS? _____DO YOU HAVE A WATERBED? _____
CAN YOU FURNISH A RECENT W-2 OR IRS 1040 FORM IF NECESSARY? _____
AUTOMOBILE DESCRIPTION_____YEAR_____MODEL_____PLATE_____
DRIVER'S LICENSE #_____STATE ISSUED_____EXP_____

WHO WILL LIVE IN THE APARTMENT? _____
IF CHILDREN, WHAT AGES? _____
HOW SOON DO YOU NEED THE APARTMENT?_____
HOW DID YOU HEAR ABOUT NOLAN ENTEPRISES?_____
WHAT SIZE APARTMENT DO YOU NEED? (CIRCLE) PRICE RANGE?_____
EFFICIENCY **1 BEDROOM** **TWO BEDROOM** WITHOUT UTILITIES

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PERSONAL REFEENCES

1. NAME_____2. NAME_____ 3._____
TELEPHONE_____ TELEPHONE_____TELEPHONE_____
RELATIONSHIP_____ RELATIONSHIP_____ RELATIONSHIP_____

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THE UNDERSIGNED MAKES THE ABOVE REPRESENTATION KNOWING THE LANDLORD WILL RELY ON THE ACCURACY THEREOF IN CONSIDERING THIS APPLICATION. I GIVE NOLAN ENTEPRISES OR ITS" AGENTS PERMISSION TO VERIFY THE ABOVE INFORMATION, INCLUDING CREDIT, LANDLORD AND EMPLOYMENT INFORMATION. FALSIFICATION OF INFORMATION MAY RESULT IN IMMEDIATE TERMINATION OF MY LEASE.

SIGNATURE_____DATE_____

SIGNATURE_____DATE_____