

APPLICATION CHECK LIST FOR:

- 1. Completed Application**
- 2. \$75.00 non-refundable application fee made
Payable to R.D. Scinto.**
- 3. Signed authorization form to obtain credit report.**
- 4. Copy of driver's license.**

Once you have completed the above, please mail, email or fax -

Email: Katie@Scinto.com

Fax: 203 929 7078

Address:

R.D. Scinto Inc.

Attn: Katie

1 Corporate Drive Suite 100 Shelton, CT 06484

THE RENAISSANCE RENTAL APPLICATION
-PRINT LEGIBLY

APPLICANT _____ DATE OF BIRTH _____

SOCIAL SECURITY# _____ TELEPHONE# _____

EMAIL ADDRESS: _____

PRESENT ADDRESS _____

PREVIOUS ADDRESS _____

EMPLOYER _____ TELEPHONE# _____

POSITION _____ MONTHLY INCOME _____ LENGTH OF TIME _____

CO-APPLICANT _____ DATE OF BIRTH _____

SOCIAL SECURITY# _____ TELEPHONE# _____

EMAIL ADDRESS: _____

PRESENT ADDRESS _____

PREVIOUS ADDRESS _____

EMPLOYER _____ TELEPHONE# _____

POSITION _____ MONTHLY INCOME _____ LENGTH OF TIME _____

PERSONAL REFERENCE #1 _____

RELATIONSHIP _____ TELEPHONE# _____

PERSONAL REFERENCE #2 _____

RELATIONSHIP _____ TELEPHONE# _____

PREVIOUSLY EVICTED? _____ WHEN _____ WHAT STATE _____

CONVICTION? YES ___ NO ___ IF YES WHEN _____ WHAT STATE _____

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PETS

There is a 20lb weight restriction per unit.

Cat: Yes ___ No ___

Dog: Yes ___ No ___

Weight _____ Breed _____ Age _____

Emergency Information :(non occupant)

First name: _____ Middle _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Relationship _____

THE UNDERSIGNED REPRESENTS THAT ALL FACTS AND STATEMENTS PRESENTED HEREIN ARE TRUE AND FOR THE PURPOSE OF OBTAINING A CREDIT REPORT. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED IN THIS APPLICATION OR A RECOGNIZED CREDIT REPORTING SERVICE. THE DECISION TO GRANT OR DENY THIS APPLICATION IS AT THE SOLE DISCRETION OF THE AGENT/LANDLORD.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

