



441 Chapel Street Lofts  
441 Chapel Street  
New Haven, CT 06511

Phone: 203-772-4940  
Fax: 203-516-2402  
Email: [441chapelapts@trioproperties.com](mailto:441chapelapts@trioproperties.com)

### Qualification Guidelines

Welcome to 441 Chapel Street Lofts. Trio Properties is pledged to the letter and the spirit of the U.S. Policy for the achievement of Equal Housing Opportunity throughout the nation. It is the policy of Trio to adhere to the Fair Housing Act, which prohibits discriminatory housing practices, based on color, religion, sex, handicap, familial status, or national origin.

Please note these are the current rental criteria and nothing in these requirements shall constitute a guarantee or representation by our community that all residents and occupants currently residing in our community have met these requirements. There may be residents and occupants that have resided here prior to these requirements going into effect: additionally, our ability to verify whether these requirements are met is limited to the information we receive from various resident reporting services.

#### Rental Criteria:

- A rental application must be completed for each individual age eighteen (18) or over, including guarantors if required. A fee of \$50.00 per applicant will be due prior to processing any application.
  - The household gross monthly income must be verifiable and meet or exceed 2.5 times the monthly rent.
  - Applicants must have verifiable employment and/or income history. Self-employed persons must provide a copy of the prior year's tax return. Unemployed applicants must provide documentation regarding sources of income, e.g. - social security, pension, savings, interest, or provide a guarantor/co-signer that meets the guarantor/co-signers qualifying standards below. Copies of all documentation will be retained in the lease file.
  - Applicants must have a verifiable rental/mortgage history. Applicants with negative resident history -outstanding debt to an apartment community/landlord or eviction from apartment community/landlord - will be denied. Rentals from family members will be considered if a signed lease is provided. Guarantors/co-signers cannot be a substitute for this requirement.
  - Applicants must have a favorable credit history. Favorable credit history is no credit or more positive credit than negative. All outstanding obligations will be considered. Any applicant with an unfavorable credit history will be denied, or must provide a guarantor/co-signer that meets the guarantor/co-signers qualifying standards below.
  - Guarantors/co-signers must meet all of the above qualifications and must have at least six (5) times the monthly rent of the apartment being applied for. The guarantor must physically sign the lease either in the office or be notarized.
  - Any applicants who have been determined to have criminal conviction or current indictment for possession, sale, manufacture or distribution of controlled substances, prostitution, theft, burglary, felony, fraud, or for any crimes involving firearms, weapons, or crimes against persons or property will be denied residency and occupancy. Guarantors/co-signers cannot be a substitute for this requirement.

Management reserves the right to add or delete any or all of the above guidelines and qualifications.

Make check or money order payable to: 441 Chapel Associates, LLC

I have read and understand the Guidelines and Qualifications for 441 Chapel Street Lofts.

\_\_\_\_\_  
Prospective Resident (s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Resident (s)

\_\_\_\_\_  
Date





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**APPLICATION FOR APARTMENT HOME RENTAL**

**NOTE: This ENTIRE application must be filled out or it may not be considered for acceptance. Please read qualifications prior to completing application. All applicants over 18 years of age must submit separate applications.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sr., Jr.,: \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total No. of Occupants: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_

Apt. size needed: \_\_\_\_\_ Desired move-in date, Earliest: \_\_\_\_\_, Latest: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

**How did you learn about Apartment?** \_\_\_\_\_ **Your Rent Budget Amount: \$** \_\_\_\_\_

**OCCUPANTS:** (in addition to person listed above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

**HOUSING INFORMATION:**

**Present** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move-in date: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Landlord (Co. or person): \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_ Landlord's Fax: \_\_\_\_\_

**Previous** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move-in date: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Landlord (Co. or person): \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_ Landlord's Fax: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

**Present** Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ H/R Phone: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Overtime/Bonus?: \_\_\_\_\_

**Previous** Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_ H/R Phone: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_ Overtime/Bonus/Other?: \_\_\_\_\_

**PETS:**

Type \_\_\_\_\_ Breed \_\_\_\_\_ weight \_\_\_\_\_ name \_\_\_\_\_ age \_\_\_\_\_

Type \_\_\_\_\_ Breed \_\_\_\_\_ weight \_\_\_\_\_ name \_\_\_\_\_ age \_\_\_\_\_



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**VEHICLE INFORMATION:**

VEHICLE(S)/RECREATIONAL #1 (Year, Make, Model, Color): \_\_\_\_\_

License Plate #1: \_\_\_\_\_ State: \_\_\_\_\_

VEHICLE(S)/RECREATIONAL #2 (Year, Make, Model, Color): \_\_\_\_\_

License Plate #2: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCY:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your apartment or the common areas.

Have you, your spouse, or any occupant listed in this application ever been  evicted,  filed bankruptcy,  been arrested for a felony or sex related crime? Please date and list each: \_\_\_\_\_

I understand that this application for an apartment is subject to acceptance or denial. I hereby state that the information set for above is true and complete and authorize verification of the information and references given including the investigation of a professional credit check, arrest/convictions record and background check for all applicants. Should any statement made above be a misrepresentation or untrue, the application fee will be retained as compensation to the agent for holding the apartment off the market.

It is understood the holding deposit received, \$ \_\_\_\_\_, will be returned if applicant is not accepted as a resident. If accepted and the resident does not move in on the starting date given, the amount received is hereby acknowledge as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. I understand I may cancel this application by written notice within 72 hours and receive a full refund of the holding deposit. **If I cancel after 72 hours, I understand I forfeit the holding deposit.**

I have submitted the sum of \$ \_\_\_\_\_, which is a **non-refundable application fee** for a credit check and other processing costs of this application. This sum is not a rental payment or security deposit and will be retained by Trio to cover the costs of processing the application whether my application is accepted or not.

I hereby consent to allow Trio, through its designated agent and it employees, to obtain and verify my credit information for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Trio and its agent shall have the continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application review methods.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LEASING SPECIALIST:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**FOR OFFICE USE ONLY**

1. APT # \_\_\_\_\_ UNIT TYPE: \_\_\_\_\_ Rental Rate Quoted: \_\_\_\_\_ Lease Term: \_\_\_\_\_

2. Concessions: \_\_\_\_\_

3. Person Accepting Application: \_\_\_\_\_ Date: \_\_\_\_\_

4. Person Processing Application: \_\_\_\_\_

5. Date the applicant(s) was notified by  phone  letter  in person; of  acceptance or  non-acceptance: \_\_\_\_\_

6. Name of applicant who was notified: \_\_\_\_\_

7. Name of owner's representative who notified applicant above: \_\_\_\_\_



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## EMPLOYMENT VERIFICATION

**APPLICANT:** Please complete the **top portion** of this form so that your employer may release the requested information.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
 Employee's Signature to authorize Release of Information

**EMPLOYER:** Your employee has applied for rental of an apartment managed by Trio. As part of the qualification process, we require verification of employment and the information requested below. Any information released will be kept in the strictest confidence. Please return this form via email, US Mail or facsimile to the number noted above. Thank you for your cooperation.

Trio Representative: \_\_\_\_\_ Date \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Overtime/Commissions: \_\_\_\_\_

Average Monthly Pay: \_\_\_\_\_

Name & Title of Supervisor (Please print)	Signature	Date	Phone
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Please note: A Trio Representative may call to verify.





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## LANDLORD REFERENCE

**APPLICANT:** Please complete the **top portion** of this form so that your current landlord may release the requested information.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_

LANDLORD'S ADDRESS: \_\_\_\_\_

Street

City

State

Zip Code

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
 Resident's Signature to authorize Release of Information

**LANDLORD:** Your resident has applied for rental of an apartment managed by Trio. As part of the qualification process, we require a reference from the applicant's current landlord and basic information requested below. Any information released will be kept in the strictest confidence. Please return this form via email, facsimile or U.S. mail to the number or address noted above. Thank you for your cooperation.

Trio Representative \_\_\_\_\_ Date \_\_\_\_\_

Is applicant party to a lease/rental agreement? \_\_\_\_\_ If so, expiration date: \_\_\_\_\_

How long have they resided at the above address? \_\_\_\_\_

Is the rental account current? \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Rent is generally paid: \_\_\_\_\_ On-Time, \_\_\_\_\_ Occasionally Late, \_\_\_\_\_ Often Late

Have any legal notices been served to this resident? \_\_\_\_\_

Have there been any complaints against this resident? \_\_\_\_\_

Housekeeping Habits: \_\_\_\_\_ Good, \_\_\_\_\_ Average, \_\_\_\_\_ Poor

Would you rent to this person again? \_\_\_\_\_ Yes, \_\_\_\_\_ No \_\_\_\_\_ Not Sure

Comments: \_\_\_\_\_

Name & Title of Authorized Person \_\_\_\_\_  
 (Please Print)

Phone: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Rental Application Addendum for Non-U.S. Citizens

*Each resident and each occupant over 18 who is not a U.S. citizen must submit a separate application.  
Spouses may submit a joint application.*

We are requesting you to fill out this Rental Application Addendum because you have indicated that you are not a U.S. citizen. We are asking all applicants who are not U.S. citizens to fill out this form. We are committed to compliance with fair housing laws and do not discriminate based on race, color, religion, sex, national origin, handicap or familial status. The purpose of this form is:

1. to give you the option to furnish information about an emergency contact person for you in your home country;
2. to verify that you are lawfully in the United States;
3. to determine whether your right to be in the U.S. expires during your Lease Contract term; and
4. to enable us to better cooperate with government officials in the performance of their duties, when requested.

We don't anticipate sharing this Supplemental Application with anyone except government officials who might inquire about you.

**ABOUT YOU** Your full name (*exactly as on any card or document issued by U.S. Immigration and Naturalization Service*): \_\_\_\_\_

Your place of birth. *Please indicate the city, state (region, province, etc.) and country:* \_\_\_\_\_

Country or countries of which you are a citizen (*list all*): \_\_\_\_\_

Approximately how long have you been in the United States? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Have you ever been asked or ordered by a representative of any government to leave the U.S. or any other country?

Yes  No If yes, please state when and what country or countries (*list all*): \_\_\_\_\_

Person in your home country whom we may contact in event of an emergency (*optional*).

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please check the U.S. Immigration and Naturalization Service (INS) document that entitles you to be in the United States:

- Form I-551 Permanent Resident Card [Alien Registration Receipt Card] (form includes photo and fingerprint).  
Card number: \_\_\_\_\_
- Form I-688 Temporary Resident Card (form includes photo and fingerprint).  
Expiration date: \_\_\_\_\_ Card number: \_\_\_\_\_
- Form I-688A Employment Authorization Card (form includes photo and fingerprint).  
Expiration date: \_\_\_\_\_ Card number: \_\_\_\_\_
- Form I-94 Arrival-Departure Record (form does not include photo or fingerprint).  
Expiration date: \_\_\_\_\_ Form number: \_\_\_\_\_
- INS receipt for replacement of one of the above documents, with verification by INS of your entitlement to the above.

*If you are relying on Form I-94, we will ask to see your passport and visa, and you will need to answer the questions below.*

Country issuing your passport: \_\_\_\_\_

Your passport number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Do you have a visa?  Yes  No If yes, what type?  student  work  visitor  other (*specify*): \_\_\_\_\_

Visa expiration date: \_\_\_\_\_

*We may ask to make a photocopy of any of the INS documents checked above and, if needed, your passport and visa.*