



16-37 HUNTING HEIGHTS DRIVE, STORRS, CT 06268

Mailing Address:  
16 Hunting Heights Drive, Apt #3  
Storrs, CT 06268  
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**RENTAL  
APPLICATION**

FOR OFFICE USE ONLY

DATE \_\_\_\_\_

LEASING REP: \_\_\_\_\_

*Please complete all requested information on the front and back of this form and submit to our office, along with the security deposit and 35.00 application fee (per applicant). Thank you for your interest in our apartments.*

\* Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Desired Date of Occupancy:  Aug  Other: \_\_\_\_\_ Floor plan Pref: #BR: \_\_\_\_

**\* PERSONAL INFORMATION (important contact information - please complete all fields)**

APPLICANT'S FULL NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone/Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Phone/Home ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Info: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Place # \_\_\_\_\_

School Attending: \_\_\_\_\_ Major \_\_\_\_\_ Classification (Fall) FR SO JR SR Grad

**\* RESIDENCE HISTORY (transfers complete current address info only)**

PERMANENT/PARENT ADDRESS \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Moving Out \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**GUARANTOR INFORMATION**

Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security or Tax ID # \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Years at Address \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Annual Income \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Email Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Date of Birth \_\_\_\_\_

**ADDITIONAL INFORMATION**

Where did you first see or hear about us?

University (please specify school) \_\_\_\_\_  Website (please specify site) \_\_\_\_\_

Advertisement (please specify type) \_\_\_\_\_  Referral (please specify name) \_\_\_\_\_

Other (please specify) \_\_\_\_\_  Off Campus Housing Services \_\_\_\_\_

If you visited our website, how were you initially directed to it? \_\_\_\_\_

What is the most important reason you chose this community? \_\_\_\_\_

**OTHER INFORMATION**

Same as Guarantor

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_ Email \_\_\_\_\_

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

**I hereby deposit \$ \_\_\_\_\_ as earnest money to be refunded if this application is not accepted. Deposit checks will be cashed immediately upon receipt. I understand that in the event no verifiable rental history is available or is insufficient, I may be required to increase my deposit. Once approved, I agree to execute a lease before possession is given. If a lease is NOT signed, the deposit will be withheld as damages. Upon the signing of the lease, this earnest money deposit shall be retained as the security deposit. A \$35.00 application fee must be paid separately for new residents.**

*Please make checks payable to Corridor Storrs I LLC and mail to 130 Vernon Avenue, Vernon, CT 06066*

I declare that this application is complete, true and correct and I give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement. I further authorize Management or their authorized agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of the application or Management may, at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**GUARANTOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Roommate Name:** \_\_\_\_\_ **SSN#** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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**APPLICATION DECISION:** **APPROVED** \_\_\_\_\_ **CONDITIONAL** \_\_\_\_\_ **Additional Deposit Required** \_\_\_\_\_

**DENIED** \_\_\_\_\_ **Reason:** **Criminal** \_\_\_\_\_ **Credit** \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

Applicant Notified by (Name) \_\_\_\_\_ Date Notified \_\_\_\_\_

Notified by:     Telephone                       In Person                       Letter                       Fax

