

Ridgefield Apartments

100B Danbury Road, Ste 104

Ridgefield, CT 06877

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CREDIT APPLICATION

DATE: _____

Name: _____ S.S.# _____

Credit Card: # _____ Cvv2 _____ Expiration ____ / ____

Number of Adults to occupy Apt: _____ Number & ages of Children: ____ / ____

Address: _____ Town: _____

State/Zip _____

Telephone: # _____ Cell: # _____

Email: _____

Emergency Contact: _____ Cell # _____

Emergency Email: _____

Present Employment: Firm: _____ Tele # _____

Address: _____

How Long: _____ Position: _____

If no employment, please verify income below:

The full amount of annual payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, or other similar types of periodic payments. \$ _____

Autos: Make & Year: _____ Plate# _____

Make & Year: _____ Plate# _____

Do you have a pet(s)? _____ #of pets _____ If so what kind? _____

We fully understand your credit terms and agree to the proper payment in consideration of extended credit. I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. You are hereby authorized to make any investigations concerning my financial standing and/or credit record through any investigative or credit agencies. THIS IS A SMOKE FREE PROPERTY

Date: _____ Signature: _____