

Date: _____ Application to Lease Unit # _____

LGCT LIMITED PARTNERSHIP
205 WILLOWBROOK AVENUE
STAMFORD, CT 06902

PHONE: 203-348-8378
FAX: 203-324-3074

PLEASE COMPLETE IN FULL

APPLICANT

Name _____
Birthdate _____ S.S. # _____
Address _____
City/State/ZIP _____
Home # _____ Cell # _____
Driver's License # _____ State _____
E-Mail _____
Landlord Name _____
Monthly Rent \$ _____ Phone # _____

SPOUSE OR CO-APPLICANT

Name _____
Birthdate _____ S.S. # _____
Address _____
City/State/ZIP _____
Home # _____ Cell # _____
Driver's License # _____ State _____
E-Mail _____
Landlord Name _____
Monthly Rent \$ _____ Phone # _____

APPLICANT'S EMPLOYER

Name _____ Ph # _____
Address _____
City/State/ZIP _____
Position _____ Length _____
Weekly Income _____
Additional Income _____
Previous Employer _____

SPOUSE OR CO-APPLICANT'S EMPLOYER

Name _____ Ph# _____
Address _____
City/State/ZIP _____
Position _____ Length _____
Weekly Income _____
Additional Income _____
Previous Employer _____

LIST EACH OCCUPANT

SOCIAL SECURITY #

DATE OF BIRTH

**THIS SECTION
MUST BE COMPLETED
IN FULL**

VEHICLE

Year _____ Make _____ Model _____
Color _____ Plate # _____

VEHICLE

Year _____ Make _____ Model _____
Color _____ Plate # _____

PLEASE READ BEFORE SIGNING

1. All applicants consent to a credit, criminal check, and are then subject to owner's approval.
2. It is further understood that the premises are to be used as a residence only, to be occupied by no more than _____ persons.
3. Possession of the premises is not guaranteed until owner or agent deems apartment ready for occupancy.

SIGNATURE _____

SIGNATURE _____

Applicant

Date

Spouse or Co-Applicant

Date