



University Towers Rental Application Process

Dear Applicant,

Thank you for your interest in University Towers. Please note the following information:

- Only 12-month leases are permitted.
- Please fill out the attached rental application and return to the UT Office by mail, or email to hester@cpepropertymanagement.com.
- An application is required for each person 18 years of age or older to reside in the unit.
 - Only one application fee is required if both applications are delivered together
- The review process usually takes approximately two weeks.
- We will contact your prospective landlord when your application has been processed.
- Relevant phone numbers and documents can be found at utnewhaven.com.

After your landlord informs you that your application has been accepted:

- Check the attached Moving Guidelines to provide a correct COI for your movers.
- Call the Front Desk at 203-772-2714 to schedule your move-in date.
Move-ins are permitted Sunday through Saturday from 8am-5pm.
- Your landlord will provide your keys to the unit and your mailbox.
- Stop by the Management Office to obtain a keycard/fob for access to the building.
 - Keycards/fobs are \$20 each and are billed to the unit, not the occupant
- Parking is available in the garage on George St. at \$100/month per car.
 - The Management Office can add garage access to your keycard/fob.
 - Fill out a Parking Registration form in the office.
- All your payments are due directly to the landlord; the Mgt Office is not involved.

Please submit the items on the following pages as part of your Rental Application to the UT Management Office, in paper or by email (see above for email address).

RENTER'S APPLICATION CHECKLIST

Note: If any of these items are not submitted, the application is considered incomplete and will not be processed.

- I have included a Personal Letter of Introduction.
- I have included a copy of a recent FICO Credit Report which includes a Credit Score.
- I have included the Landlord Reference Letter - if applicable.
- I have included proof of income (two most recent pay stubs, Letter of Acceptance, etc.)
- I have included a copy of my photo identification.
- I have included the Personal Information form.
- I have included the signed Lease Agreement.
- I have included the signed page of Acknowledgements for UTOC policies.
- I have included the signed Non-Smoking Building Rule.
- I have enclosed TWO (2) checks both made payable to University Towers:
 - One check in the amount of \$150.00 for the application fee.
 - One check in the amount of \$350.00 which covers the move-in/out fee.
 - I understand that the application fee is non-refundable.

* Current UTOC Residents are not required to pay the \$350.00 move-in fee.
- I understand that no pets are allowed.
- I have enclosed this signed Rental Application Checklist with this application.

Tenant(s) Name(s) (Please Print):

Tenant(s) Signature(s):

Date:

Acknowledgments

- I understand that all UTOC's documents, rules and policies are available to me on the UT website at www.utnewhaven.com
- I agree to abide by all UTOC's policies, rules and regulations.
- I understand that subletting is not permitted under any circumstances
- I understand I can only host guests while I am present in the building, and that I am responsible for my guest's behavior.
- I have read and agree to abide by the Moving Guidelines

Tenant(s) Name(s) (Please Print):

Tenant(s) Signature(s):

Date:



University Towers

Non-Smoking Building Rule

In leasing unit # _____ at University Towers I understand and agree to abide by the house rule that prohibits smoking.

1. As of the date of adoption of this rule University Towers is designated as a non-smoking building. The use of any smoke producing tobacco products shall be prohibited from all areas of the building, interior apartment spaces, public spaces, service spaces, balconies or exterior spaces within 25 feet of any entry door or the perimeter of the building.
2. All individuals submitting an application to purchase, rent or sublet a unit in the building shall be asked to sign a document acknowledging their awareness of the smoking prohibition and shall agree to constrain themselves and any guests or co-inhabitants from smoking anywhere in or around the building as described in paragraph No. 1 above.
3. All current renters and shareholders (as of 9/21/21) are exempt from the non-smoking provisions of the House Rules in so far as the use of these prohibited substances is concerned but only as it applies to their use within the confines of their own apartments. The non-smoking provisions apply to them for all other spaces in and around the building, including all balconies.
4. If smoking by current shareholders or renters becomes an irritant to any other occupants of the building they will be asked to take reasonable measures to mitigate the problem such as installing management approved smoke filters or confining their smoking to rooms that are not contiguous with rooms in adjacent units.

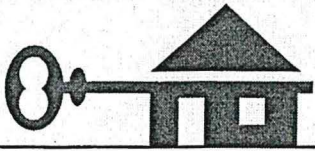
Adopted 9/21/21

I understand and agree to abide by the Non-Smoking Building Rule as stated above.

Printed Name

Signature

Date



RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).
Please fill out this form **COMPLETELY** and sign where indicated.

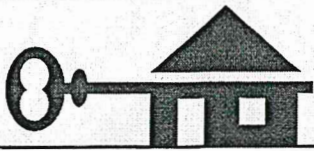
PERSONAL INFORMATION			
FIRST NAME	MIDDLE	LAST	S.S.# - -
DATE OF BIRTH / /	When would you like to move in?		DRIVERS LICENSE # STATE
PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - EXT. <input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMAIL	
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROPOSED OCCUPANT(S)			
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

VEHICLE(S) INFORMATION					
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT		
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - EXT:	YEARS EMPLOYED
ADDRESS	CITY/STATE/ZIP	

INCOME		
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO



RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).
Please fill out this form **COMPLETELY** and sign where indicated.

CREDIT CARD / FINANCIAL INFORMATION

CAR LOAN LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
CHILD SUPPORT/ OTHER CREDIT OWED	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #	-	-
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER		

EMERGENCY / PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP
	PHONE - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - <input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS	CITY/STATE/ZIP

APPLICANT QUESTIONNAIRE / AUTHORIZATION

Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant.
All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

X _____ DATE _____
APPLICANT SIGNATURE

If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.

NOTES:

UNIVERSITY TOWERS OWNERS COOPERATIVE
100 York Street, Suite 1-E
New Haven, CT 06511
Tel. 203 777-3071
Fax. 203-789-8120

Landlord Reference Letter

Instructions to Applicant:

Please complete the top portion of the letter and sign. Forward the Landlord reference letter to your most recent landlord to complete.

Applicant name _____ Unit Applying for: _____

Applicant Signature _____ Date _____

Property Address _____

Did the above-referenced tenant pay monthly rent payments in a timely manner

Yes If no, (please check one) 30 days 60 days over 60 days

Was the tenant's apartment well maintained? Yes No

Did the tenant give you a sufficient amount of notice of his/her intention to vacate? Yes No

Did the tenant have any unauthorized persons (not listed on the lease) occupying his/her apartment?

Yes No

Does the tenant have any noise complaints on file? Yes No

Would you rent to this tenant again? Yes No

Other Comments:

Landlord Name (Please print)

Telephone Number

Landlord Signature

Date



University Towers

Moving and Deliveries - Insurance Requirements

Preparing to move in or out? Receiving delivery of new furniture, a mattress or replacing an appliance? Please follow these instructions.

Move-ins, -outs, and deliveries are permitted 8am-5pm, and require use and reservation of the freight elevator #3 (the one with the padding).

To reserve the freight elevator:

We will reserve the freight elevator for you as well as a parking space for your moving van.

- Email john@cpepropertymanagement.com with
 - Date and time of your move/delivery
 - The company name
 - Any other relevant details.
- OR call the UT Front Desk at 203-772-2714 to provide this information.

Provide a valid COI

To ensure that any damage is covered by the company's insurance (and UT will not be held liable), a COI (Certificate of Insurance) is required for ALL moving and delivery companies.

- **It is your responsibility to provide a valid COI.**
- No work can commence until a COI with the required coverage has been received.
- Your moving/delivery company's insurance agent will need to provide a COI made out specifically for your name and unit.

- Please see the attached template for specific instructions:
 - Association Name = University Towers Owners Corporation.
 - Unit first and last name, Unit number = your first and last name, Unit #.
 - Coverage amounts need to be as shown on the template.

Please email COI to john@cpepropertymanagement.com or deliver to the UT Office.

Moving out: Please leave all key cards/fobs at the UT Office (or use the mail slot)On Moving/Delivery Day:

- Have your movers/delivery pull into the Crown St lot.
- Park in the parking space(s) to the right of the dumpsters – marked with a cone.
- Larger vehicles please pull into the lot –
 - Weekdays: do not block access to dumpsters for the trash removal company.
 - OR leave truck with driver inside, move truck for trash removal as needed.
- Have the crew supervisor sign in at the front desk.
- Access the freight elevator by using the moving ramp to the basement.

Moving in:

You will need a key fob/card to access the building, laundry room, and parking garage

- Key cards/fobs are \$20 each and are billed to the unit ledger, not the occupant.
- Parking is available in the George St garage at \$100/month per car.
 - The Management Office can add garage access to your keycard/fob.
 - Fill out a Parking Registration form in the office.
 - Obtain a Parking Permit decal.

Please note: you need to be in residence at UT to receive packages by mail or mail carrier. We cannot hold any items for you in advance. Please plan any delivery dates accordingly.

Buyers:

- come pick up your key fob at the Front Desk or UT Office after closing on your unit.

Renters:

- Keep your landlord updated on your move (both moving in and out).
- Reserve the freight elevator and provide a COI.
- Moving in: stop by the Management Office to obtain a keycard/fob.
- Moving out: leave your key card/fob(s) with the UT Office upon moving out.

COI TEMPLATE FOR UNIVERSITY TOWERS

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)																					
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>																							
PRODUCER ABC Agency, Inc. 123 Main St Middletown CT 06457	CONTACT (NAME): PHONE (A/C, No. Ext.): FAK (A/C, No.): E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 60%;">INSURER A: Insurance Company A</td> <td colspan="2" style="text-align: center;">12345</td> </tr> <tr> <td>INSURER B: Insurance Company B</td> <td colspan="2"></td> </tr> <tr> <td>INSURER C:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER D:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER E:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER F:</td> <td colspan="2"></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Insurance Company A	12345		INSURER B: Insurance Company B			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																					
INSURER A: Insurance Company A	12345																						
INSURER B: Insurance Company B																							
INSURER C:																							
INSURER D:																							
INSURER E:																							
INSURER F:																							
INSURED Contractor Name 123 MAIN ST AVON CT 06001																							
COVERAGES CERTIFICATE NUMBER: CL123456789 REVISION NUMBER:																							
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>																							
INSR LTR	TYPE OF INSURANCE	REGUL SUBR (USD WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	abc123@#5	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Eo occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/CP AGG \$ 2,000,000 \$																
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	987&%5zyx	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$																
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If Yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	123abc&%5	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000															
<p style="color: red; font-weight: bold;">Association Name</p> <p>its residents and board of directors, CPE Property Management its officers, agents and affiliates Unit First and Last name, Unit number are additional insured on a primary and non contributory basis for ongoing and completed operations in regards to General Liability, Auto Liability. Waiver of Subrogation applies to General Liability, Auto Liability, and Workers Compensation in favor of the additional insureds</p>																							
CERTIFICATE HOLDER Association Name C/O CPE Property Management Solutions P.O. Box 526 Branford, CT 06405				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE																			