



## APPLICATION FOR APARTMENT

**Ashwood Valley Apartments**  
**Danbury, CT**

How did you hear about us?

### Applicant Information

Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Present Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
How long? \_\_\_\_\_ Lease: \_\_\_\_\_ YES \_\_\_\_\_ NO  
Lease Expiration Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ Landlord's Phone No.: \_\_\_\_\_  
Previous Address: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### Employment Information

**Current Employer (Company Name):** \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ Salary \$ \_\_\_\_\_

**Previous Employer (Company Name):** \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ Salary \$ \_\_\_\_\_

**Other Income: If yes, Source** \_\_\_\_\_

Amount \$ \_\_\_\_\_ Verification Contact: \_\_\_\_\_

| Motor Vehicles Information |      |       |                 |       |
|----------------------------|------|-------|-----------------|-------|
| Make/Model                 | Year | Color | License Plate # | State |
| 1.                         |      |       |                 |       |
| 2.                         |      |       |                 |       |
| 3.                         |      |       |                 |       |

**Pet Information – Certain Restrictions Apply – All Animals Require Manager Consent**

Type: \_\_\_\_\_ Weight \_\_\_\_\_ Description \_\_\_\_\_

Type: \_\_\_\_\_ Weight \_\_\_\_\_ Description \_\_\_\_\_

**Criminal Background Information**

Do you (or any potential occupants in the apartment) have charges pending against you (or them) for any criminal offense?

Applicant: \_\_\_Y \_\_\_N      Occupants: \_\_\_Y \_\_\_N

Have you (or any potential occupants in the apartment) been convicted of any criminal offense; or entered a plea of “guilty” or “no contest” to any criminal offense; or had any criminal matter disposed of in a manner other than acquittal or a finding of “not guilty”?

Applicant: \_\_\_Y \_\_\_N      Occupants: \_\_\_Y \_\_\_N

If “Yes” to any of the above questions, give details and dates, including the county and state in which the incident occurred:

**List of Occupants, including Applicant (All Occupants over 18 of age must complete an application)**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature      Date

I certify that all information provided on this application is true and complete. My signature above authorizes permission to verify any of the information contained in this application and verification of credit history from a consumer-reporting agency throughout the duration of the Lease Agreement and subsequent Renewals.

**\*Tenant Screening Fee is Non-Refundable. Application will only be processed when Fee is paid\***

**\*\* The Security Deposit paid is *not refundable* if this Application is approved following verification\*\***

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type.<br>See Specific Instructions on page 3. | <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                            |
|                                                        | <b>2</b> Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                            |
|                                                        | <b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____<br><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) ► _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i> |
|                                                        | <b>5</b> Address (number, street, and apt. or suite no.) See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Requester's name and address (optional)                                                                                                                                                                                                                                    |
|                                                        | <b>6</b> City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                            |
|                                                        | <b>7</b> List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                            |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                       |  |  |  |   |   |  |  |   |  |  |  |
|---------------------------------------|--|--|--|---|---|--|--|---|--|--|--|
| <b>Social security number</b>         |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  | - |   |  |  | - |  |  |  |
| <b>or</b>                             |  |  |  |   |   |  |  |   |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |   |  |  |   |  |  |  |
|                                       |  |  |  |   | - |  |  |   |  |  |  |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                                   |               |
|------------------|-----------------------------------|---------------|
| <b>Sign Here</b> | <b>Signature of U.S. person ►</b> | <b>Date ►</b> |
|                  |                                   |               |

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



Application & Credit Reporting Receipt

Property:

Ashwood Valley Apartments

Landlord:

Danbury DHC LLC

Management Company:

Dawn Homes Management LLC

Applicant Name:

\_\_\_\_\_

Date of Receipt:

\_\_\_\_\_

Date of Application (if different):

\_\_\_\_\_

Amount Charged by Landlord:

\_\_\_\_\_

Method of Payment:

\_\_\_\_\_

Applicant acknowledges and accepts this Receipt from Landlord, for the purposes of Landlord accepting payment in the amount of \$50.00, for the Application and Credit Reporting charges as part of the application process by Dawn Homes Management LLC and its affiliates.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Dated

**OFFICE USE ONLY:**

Account Number:

\_\_\_\_\_

Unit Number:

\_\_\_\_\_

**Original Receipt Completed by:**

\_\_\_\_\_  
Landlord Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Executed by Landlord Authorized Representative