Konover Residential Corporation

227 Pane Road
Newington, CT 06111
860-500-7192
thepike@konoverresidential.com

The Pike

APPLY NOW!

Housing Vouchers Accepted

MAXIMUM TENANT RENTS	
Unit Type	**80%**
1 Bedroom	$1,813
2 Bedroom	$2,170

INCOME LIMITS	
Household Size	**80%**
1	$72,400
2	$82,720
3	$93,040
4	$103,360
5	$111,680

Rental Rates and Income Limits are subject to change based on Federal and State published income limits, maximum rents, and utility allowances.

Placement on a waitlist does not mean your application is approved. Screening for approval will take place as a unit becomes available. All applicants must qualify based on the Resident Selection Plan, if applicable.

Konover Residential Corporation is committed to compliance with Fair Housing laws, and we not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Christine Chadsey, Compliance Officer, Konover Residential Corp., 342 North Main Street, Suite 200, West Hartford, CT 06117, (860) 760-9150 (voice) and (800) 842-9710 (TDD/TTY).

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Workforce Housing Affordable Program

Dear Applicant,

Thank you for your interest in The Pike! We take great pride in our apartment communities and the services we provide. We actively seek responsible residents and strive to offer the best possible living experience.

Applicants are screened once they reach the top of the waiting list. Our screening process is thorough—we verify all information provided on the rental application and utilize additional available sources.

Every applicant is screened fairly, consistently, and in full compliance with Fair Housing laws. We are committed to equal housing opportunities for all. Applicants who meet our criteria will be offered an apartment when a suitable unit becomes available.

To ensure timely processing, please complete your application in full. Missing information may result in delays or denial. If you have any questions or need assistance, our team is happy to help. You may also include any additional information or supporting documentation you believe would be helpful in reviewing your application.

We appreciate your interest in making The Pike your home.

Sincerely,

The Pike

APPLICATION AGREEMENT

Konover Residential Corporation is committed to providing equal housing opportunities. We do not discriminate based on race, color, religion, sexual orientation, ethnic origin, familial status, or disability. Our management complies with all applicable Federal, State, and local Fair Housing and Civil Rights Laws. Please note that these rental criteria apply to new applicants and do not guarantee that all current residents have met these requirements. Some residents may have moved in before these criteria were established, and our ability to verify compliance is limited to the information available from resident reporting services.

Application Requirements

- Each occupant of legal age must complete and sign a rental application.
- Applications must be completed in full. Incomplete, inaccurate, misleading, or false information will result in denial.

Income Requirements

- All applicants must have a verifiable gross monthly income of at least three (3) times the monthly rent.
- Applicants must provide verifiable income and/or employment history.
- All lawful income sources will be considered, including employment, Social Security, alimony/child support, unemployment benefits, and pensions.

Landlord Reference & Rental History

- A minimum of 12 months of verifiable rental or mortgage history is required, demonstrating compliance with community rules and a prompt payment record.
- References from relatives will not be accepted as the sole rental history.
- Applicants with insufficient or no rental history must provide a notarized reference from a non-family source.

Credit History

- A credit report will be obtained for all applicants of legal age.
- Applicants must have a favorable credit history. Factors that may negatively impact eligibility include collections, charge-offs, repossessions, current delinquencies, and bankruptcy.

Criminal Background Screening

- Any applicant or household member with a felony conviction or other criminal history that poses a risk to the housing community's safety, security, or peaceful enjoyment may be denied.
- Sex offenders subject to state registration requirements are prohibited from residency.
- A guarantor/co-signer cannot be used to bypass criminal history requirements.

Pet Policy

- Please refer to the leasing office for details regarding pet deposits, breed restrictions, and weight limits, if applicable.

Security Deposit

- Security deposits are determined based on screening results.
- Applicants with unfavorable credit or rental history (including foreclosure proceedings) may be approved with:
    1. Sufficient income
    2. Two months' security deposit (paid in advance).

Required Documents at the Time of Application

- Proof of Income: 4–6 recent pay stubs, offer letter, Social Security/pension statements, alimony/child support documentation, etc.
- Birth Certificates: Required for all household members.
- Photo Identification: Required for all applicants of legal age.
- Bank Statements: 6 most recent consecutive statements.
- Tax Return: Prior year's tax return.

Acknowledgment

By signing below, I acknowledge that I have read and understand the Application Agreement. I certify that the information provided is true and accurate.

I agree to update my application if my contact information or circumstances change (address, phone number, etc.). Failure to do so may result in removal from the waiting list.

Applicants:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Management Acknowledgement:

Signature: _____ Date: _____ Time: _____

Please return this application to:

The Pike
227 Pane Road
Newington, Connecticut 06111
(860) 500-7192

This property *does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Christine Chadsey, Konover Residential Corporation, 342 North Main Street, Suite 200, West Hartford, CT 006117, (860) 570-2000 and (800) 842-9710 (TDD/TTY).*

APPLICATION FOR RESIDENCY

Tell Us About Yourself (use additional sheets if necessary)

PLEASE LIST YOUR FULL NAME AS IT APPEARS ON YOUR PHOTO ID

FIRST NAME	MIDDLE NAME	LAST NAME	
SOCIAL SECURITY # OR INDIVIDUAL TAXPAYER ID	DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID #	TYPE OF ID	STATE OR GOVERNMENT THAT ISSUED THE ID
DATE OF BIRTH	OTHER NAMES USED IN LAST 10 YEARS	E-MAIL ADDRESS	
PRESENT ADDRESS		COUNTY	WORK TELEPHONE #
CITY	STATE / ZIP	HOME TELEPHONE #	MOBILE TELEPHONE #

LIST ALL OTHER PERSONS, INCLUDING SPOUSES, TO OCCUPANCY THE PREMISES, INCLUDING DATE OF BIRTH (If 18 years or older, must fill out application as an applicant)

NAME / DATE OF BIRTH	NAME / DATE OF BIRTH	NAME / DATE OF BIRTH	NAME / DATE OF BIRTH

PRESENT ADDRESS IS (Check One): □ OWNED HOME □ RENTED HOME □ RENTED APARTMENT □ PARENTS' HOME □ STUDENT HOUSING □ OTHER:

IF RENTING or OWNED: PRESENT LANDLORD / APATMENT COMMUNITY / MORTGAGE COMPANY

ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY	STATE	ZIP	TELEPHONE #
HOW LONG?	MONTHLY PAYMENT	ANTICIPATED MOVE-OUT DATE:	REASON FOR LEAVING:

PREVIOUS ADDRESS (IF LESS THAN THREE YEARS AT PRESENT ADDRESS)

CITY	STATE	ZIP	TELEPHONE #

PREVIOUS ADDRESS IS (Check One): □ OWNED HOME □ RENTED HOME □ RENTED APARTMENT □ PARENTS' HOME □ STUDENT HOUSING □ OTHER:

IF RENTING or OWNED: PREVIOUS LANDLORD / APATMENT COMMUNITY / MORTGAGE COMPANY

ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY			COUNTY WHERE RESIDENCE LOCATED
CITY	STATE	ZIP	TELEPHONE #
HOW LONG?	MONTHLY PAYMENT	MOVE-OUT DATE:	REASON FOR LEAVING:

HAVE YOU LIVED IN A **KONOVER RESIDENTIAL** COMMUNITY BEFORE? □ YES □ NO	IF YES,WHICH ONE (include city and/or state)?	FROM: TO:

Employment

EMPLOYER (COMPANY NAME)	HOW LONG?	MONTHLY GROSS INCOME	
ADDRESS	CITY / STATE		ZIP
JOB TITLE	SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #
OTHER SOURCES OF VERIFIABLE INCOME	WHEN RECEIVED	AMOUNT	MONTHLY INCOME FROM OTHER SOURCES

APPLICATION FOR RESIDENCY (continued)

FORMER EMPLOYER (IF LESS THAN THREE YEARS AT CURRENT JOB)		HOW LONG?	
ADDRESS	CITY	STATE	ZIP
JOB TITLE	SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE #

Motor Vehicles (including cars, trucks, boats, motorcycles – if permitted at property):

MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	STATE
1.				
2.				
3.				

Pets (animals require our consent):

TYPE	BREED	WEIGHT	NAME	LICENSE/TAG #
1.				
2.				

Person to Notify in Case of Emergency, Death or Incapacity** (cannot be someone who intends to reside in the premises):

NAME	RELATIONSHIP	PRIMARY TELEPHONE #	ALTERNATE TELEPHONE #	
ADDRESS		CITY	STATE	ZIP

Will you or any of your occupants require special assistance in case of an emergency, including evacuation of the building or community? □ YES □ NO
If so, identify the person and the type of special assistance required:

Criminal Background Information

Do you or do any of your occupants have charges pending against your or against them for any criminal offense(s)?	Applicant: □ YES □ NO Occupants: □ YES □ NO
Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"?	Applicant: □ YES □ NO Occupants: □ YES □ NO
Any litigation, such as: evictions, suits, judgments, bankruptcies, foreclosures, etc.?	Applicant: □ YES □ NO Occupants: □ YES □ NO
If *"Yes"* to any of the above questions, give details and dates, including the county and state in which the incident occurred:	

How did you hear about our community?
□ Internet (Which Site?) _____ □ Resident (Name?)
_____
□ Drive-By □ Rental Publication (Which One?) _____
□ Rental Agency (Which One?) _____
□ Locator Service (Which One?) _____
□ Other _____

Agency Disclosure (applicable for CT applicants only)

Konover Residential Corporation ("Manager"), and its leasing agents have been retained by the owner of the community in which your apartment is located as its representative for management and leasing services. Manager owes fiduciary duties such as loyalty and faithfulness to the owner. As our customer, we want you to understand that an agency relationship exists between Manager and the owner. Under applicable law, prompt disclosure in writing of agency relationships to all actual and prospective parties to a transaction at the earliest practical time is encouraged and/or required. Each party should carefully read all documents pertaining to any real estate transaction. Should you have any questions, please let us know and we will gladly answer them. By signing this application, each of the undersigned acknowledges that he or she has read and received a copy of this Agency Disclosure.

It is unlawful to discriminate against an applicant or tenant because of their race, color, national origin, religion, gender, familial status, disability, or any other basis that may be protected under applicable state or local law.

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information: You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations related to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete, or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees and may constitute a criminal offense under the laws of this State. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you.

I have read and agree to the provisions as stated.

Applicant Signature: _____

Date: _____

Non-refundable Screening Fee: $_____ ***

Total amount paid by this applicant: $_____

Address of Apartment/Premises being held:

_____

OFFICE USE ONLY

Apartment Number _____ Apartment Size/Description _____

Property Staff Initials: _____

Anticipated Move-In Date _____ Lease Start Date _____

Lease End Date _____ Quoted Monthly Apartment Rent _____

** Authorization for Providing Access in Event of Emergency, Death or Incapacity. If your application is approved and you take possession of the apartment/premises, you authorize us, in the event of your death or incapacity, to grant access to the premises and the contents therein to the individual you named above. Once we grant access to such person, he/she may remove all personal property from the premises and dispose of it in accordance with the applicable law. You hereby release and discharge us from any liabilities, claims or damages arising out of or in connection with our granting such access to the person you named.

*** A tenant screening report fee ("screening fee") in the amount of $50.00 is required for each lease holder / legal occupant. By signing above, you accept that your $50.00 screening fee is non-refundable, and you hereby acknowledge that these costs are associated with obtaining applicable credit and criminal screening reports. This constitutes as a receipt of your payment of $50.00 per lease holder / legal occupant.

SUPPLEMENTAL RENTAL APPLICATION FOR UNITS UNDER GOVERNMENT REGULATED AFFORDABLE HOUSING PROGRAMS

Property Name: _____ Date: _____

1. **SUPPLEMENTAL INFORMATION.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.

2. **EMPLOYMENT UPDATE.**

Present Employer: _____

Address: _____

City, State & Zip _____

Work Phone: _____ **Position:** _____

3. **HOUSEHOLD COMPOSITION.** List all persons, including yourself, who will be living in your household.

# of Persons	Name	Relationship to Head	Age	Student Status
Head of Household				[ ] Full-Time [ ] Part-Time [ ] N/A
2.				[ ] Full-Time [ ] Part-Time [ ] N/A
3.				[ ] Full-Time [ ] Part-Time [ ] N/A
4.				[ ] Full-Time [ ] Part-Time [ ] N/A
5.				[ ] Full-Time [ ] Part-Time [ ] N/A
6.				[ ] Full-Time [ ] Part-Time [ ] N/A

Does anyone live with you now who is not listed above? □ Yes □ No
If yes, explain:

_____

Does anyone plan to live with you in the future who is not listed above? □ Yes □ No
If yes, explain:

_____

Are any of the household members listed above foster children or live in attendants? □ Yes □ No
If yes, explain:

_____

4. **ANNUAL INCOME.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18). Indicate whether anyone in your household receives income from the following sources:

Gross Monthly Income Source		Applicant	Co-Applicant	Other Household Members	Total
Salary	□ Yes □ No	$	$	$	$
Overtime Pay	□ Yes □ No	$	$	$	$
Commissions & Fees	□ Yes □ No	$	$	$	$
Tips & Bonuses	□ Yes □ No	$	$	$	$
Interest and/or Dividends	□ Yes □ No	$	$	$	$
Net Income from Business	□ Yes □ No	$	$	$	$
Net Rental Income	□ Yes □ No	$	$	$	$
Social Security, Pensions, Retirement Funds, etc. Received Periodically	□ Yes □ No	$	$	$	$
Support from Parents or Relatives	□ Yes □ No	$	$	$	$
Unemployment Benefits	□ Yes □ No	$	$	$	$
Worker's Compensation, etc.	□ Yes □ No	$	$	$	$
Court Ordered Child Support or Alimony (regardless of whether paid)	□ Yes □ No	$	$	$	$
AFDC/TANF	□ Yes □ No	$	$	$	$
Other	□ Yes □ No	$	$	$	$
GRAND TOTAL					$

If you said yes under other, please explain:

5. **ASSETS.** List all assets of all adults and persons in your household, including those under 18.

Listing of All Assets		Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account #
Checking Account(s)	□ Yes □ No	$	$		
Savings Accoung(s)	□ Yes □ No	$	$		
Credit Union Account(s)	□ Yes □ No	$	$		
Stocks, Bonds or Mutual Funds	□ Yes □ No	$	$		
Real Estate or Home	□ Yes □ No	$	$		
IRA/Keogh Account	□ Yes □ No	$	$		
Retirement/Pension Fund	□ Yes □ No	$	$		
Trust Fund	□ Yes □ No	$	$		
Mortgage Note Held	□ Yes □ No	$	$		
Whole Life Insurance	□ Yes □ No	$	$		
Other	□ Yes □ No	$	$		

If you said yes under other, please explain:

6. **CERTIFICATION.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application.

7. **RECERTIFICATION.** If this form is being used for recertification and anyone in your household has changed employment during the past year, you must provide us with the household member's name and the name and address of their current employer.

APPLICANT:

Signature	Date	Print Name
Signature	Date	Print Name
Signature	Date	Print Name

Konover Residential
A Simon Konover Company

EMPLOYMENT VERIFICATION

Date: _____

To:

From:
The Pike Apartments
227 Pane Road
Newington, CT 06111
Phone: 860-500-7192
Email: thepike@konoverresidential.com

Re: Resident/Applicant

Name: _____

Address: _____

HOUSEHOLD MEMBER RELEASE OF INFORMATION

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature: _____ Date: _____

The above-named applicant has applied for residency at The Pike Apartments. As part of our standard screening process and in compliance with fair housing requirements, all applicants undergo a thorough review. To assist us in this process, we kindly request that you complete the attached Employment Verification Form.

If you have any questions or need further information, please feel free to contact me at the number or email provided above.

Thank you in advance for your time and assistance.

Monica Soto – Property Manager

CC: Applicant File

THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER

1. Start Date: _____ 2. End Date: _____

3. Occupation: _____

4. Rate of Pay: $ _____ Per ❒ hour ❒ day ❒ week ❒ bi-weekly

5. Number of Hours Per Day: _____ 6. Number of Hours Per Week: _____

7. Overtime Hours Per Week: _____ 8. Overtime Rate: $ _____

9. Do you anticipate any rate increase in the next 12 months? ❒ Yes ❒ No
If yes, what is the effective date and the amount of the increase?

Date: _____ Amount: $ _____

10. Does the employee receive any other income (tips, meals, etc.)? ❒ Yes ❒ No
If yes, please list the amount, source and frequency?

Source: _____

Amount: $ _____ Frequency: ❒ day ❒ week ❒ month

By signing this form, I certify that the information I have provided is true and correct:

Name of Verifier: _____ Title: _____

Company Name: _____

Company Address: _____

Telephone: _____ E-Mail: _____

Signature of Verifier: _____ Date: _____

Konover Residential
A Simon Konover Company

RENTAL HISTORY INQUIRY

Date: _____

To:

From:
The Pike Apartments
227 Pane Road
Newington, CT 06111
Phone: 860-500-7192
Email: thepike@konoverresidential.com

Re: Resident/Applicant

Name: _____

Address: _____

HOUSEHOLD MEMBER RELEASE OF INFORMATION

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature: _____ Date: _____

Dear Property Management Professional,

The above-named applicant has applied for residency at The Pike Apartments. As part of our standard screening process, all applicants must be screened in accordance with fair housing requirements. The applicant has indicated that they have rented from you, and we would greatly appreciate it if you could complete the attached Rental History Questionnaire to assist us in our review.

If you have any questions or need further information, please feel free to contact me at the number or email provided above.

Thank you in advance for your time and assistance.

Sincerely,

Monica Soto

Cc: Applicant File

To be completed by property manager or owner/agent

1. Are you willing or able to complete this form? □ Yes □ No
   - *If no, please sign this form and return it via fax.*
   - *If yes, please complete the questions below.*

2. Did the applicant ever lease a unit from you? □ Yes □ No
   - *If no, please sign this form and return it via fax.*
   - *If yes, please complete the questions below.*

3. Are you related, in any way, to the applicant named above? □ Yes □ No

Lease Obligations

1. Move In Date _____
2. Move Out Date or Expected Move Out Date _____
3. Has the applicant fulfilled their lease term? □ Yes □ No □ Unknown □ N/A
4. Did/has the applicant provided you with the required notice to vacate the unit? □ Yes □ No □ Unknown □ N/A
5. Did the applicant violate their lease in any way? □ Yes □ No □ Unknown □ N/A
6. Is the applicant currently under notice of eviction for lease violations or is an eviction for lease violations pending? □ Yes □ No □ Unknown □ N/A

Payment History

1. What is the monthly rent amount? _____
2. Has the resident paid rent late twice or more in the last year? □ Yes □ No □ Unknown □ N/A
3. Has the applicant paid all outstanding rent, damage or other charges? □ Yes □ No □ Unknown □ N/A
4. Are there any pending or outstanding judgements? □ Yes □ No □ Unknown □ N/A

Caring for the Unit

1. Was the unit always maintained in a decent, safe and sanitary manner? □ Yes □ No □ Unknown □ N/A
2. Has the applicant, their guests, or their family ever damaged the apartment or property? □ Yes □ No □ Unknown □ N/A
3. Does the applicant have a pet or other animal? □ Yes □ No □ Unknown □ N/A
4. If yes, did the applicant abide by any pet rules or requirements? □ Yes □ No □ Unknown □ N/A

By signing this form, I certify that the information I have provided is true and correct:

Name and Position of Verifier (Please print): _____

Signature of Verifier: _____ Date: _____

Telephone: _____ E-Mail: _____