



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.

- ☐ Unit number: _____
- ☐ Lease Start Date: _____
- ☐ 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 proof of income (two 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 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:



Personal Information

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	
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



University Towers

Moving and Delivery Guidelines - Insurance Requirements

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

Move-ins, -outs, and deliveries are permitted Sunday through Saturday from 8am-5pm, and require use of the freight elevator #3 (the one with the padding). To reserve the freight elevator, email the date and time of your move/delivery, the company name, and any other relevant details to john@cpepropertymanagement.com, OR Call the UT Front Desk at 203-772-2714.

It is your responsibility to 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. No work can commence until a COI showing the required coverage has been received. Your moving/delivery company's insurance agent will need to provide the COI specifically for you; 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.
- Email to john@cpepropertymanagement.com or deliver to the Management Office.

Upon moving in:

- 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.
 - Obtain a Parking Permit decal.

Renters:

- Keep your landlord updated on your move (both moving in and out).
- Make sure to reserve the freight elevator.
- Your landlord will provide your keys to the unit and your mailbox.

COI TEMPLATE FOR UNIVERSITY TOWERS

ACORD [®]		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 05457			CONTACT NAME: PHONE (INC. No. Ext.): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company A INSURER B: Insurance Company B INSURER C: INSURER D: INSURER E: INSURER F:				
INSURED Contractor Name 123 MAIN ST AVON CT 06001			NAIC # 12345 56709				
COVERAGES CERTIFICATE NUMBER: CL123456789 REVISION NUMBER:							
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.							
INSR LTR	TYPE OF INSURANCE	ADULT INSURED	CHILD VAND	POLICY NUMBER	POLICY EXP (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 - COMPLE P AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input 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	9876%\$zyz	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Eo accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LAG <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LAG <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 Ill) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	123abc%\$%	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000
<p>Association Name 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			