

Rental Application

(Subject to Owners Approval)

				DATE	NUMBER
NAME OF APPLICANT		HOME PHONE		INITIAL IF OVER 18 YEARS OF AGE	
PRESENT ADDRESS		DATES OF CURRENT OCCUPANCY:		FROM	TO
CITY	STATE	ZIP CODE	AUTOMOBILE: MAKE/YEAR/REG. STATE & NO.		SOCIAL SECURITY#
PRESENT LANDLORD		COMPLETE ADDRESS		PHONE NUMBER	
FORMER LANDLORD		OCCUPANCY	COMPLETE ADDRESS	PHONE NUMBER	
CURRENT EMPLOYER		COMPLETE ADDRESS		PHONE NUMBER	
OCCUPATION/SOURCE OF INCOME		TYPE OF BUSINESS	SALARY	LENGTH OF EMPLOYMENT	
FORMER EMPLOYER		LENGTH OF EMPLOYMENT	COMPLETE ADDRESS	PHONE NUMBER	
PERSONAL REFERENCE (NAME)		COMPLETE ADDRESS		PHONE NUMBER	
IN CASE OF EMERGENCY NOTIFY (NAME)		COMPLETE ADDRESS		PHONE NUMBER	
CREDIT REFERENCE		COMPLETE ADDRESS		PHONE NUMBER	
BANK – CHECKING ACCOUNT		BRANCH ADDRESS			
BANK – SAVINGS ACCOUNT		BRANCH ADDRESS			

NAME OF ALL CO-TENANTS (EACH ADULT MUST FILE A SEPARATE APPLICATION)

APARTMENT NO./TYPE	TOTAL NO. OF OCCUPANTS	NO. OF ADULTS	NO. OF PETS	Base rent per month \$ _____ (Subject to escalation as set forth in lease)
ADDRESS	NAMES & AGES OF MINOR CHILDREN			Other Monthly Charg _____ (e.g. parking, etc.)
CITY	OCCUPANCY DATE	RENT BEGINS		Key/Lock _____
TERM OF LEASE (MONTHS)	FROM (DATE)	TO (DATE)		Last Month's Rent _____
ARE YOU A CONVICTED FELON? (Y/N) _____ if "Yes" Please submit detail of conviction(s).				Security Deposit _____
Base rent and other monthly charges are due and payable on the first day of each month in advance.				Deposit on Account _____
Pursuant to Massachusetts law, the Management shall not make any inquiry concerning race, religious creed, color, national origin, sex, sexual orientation, age, (except if a minor), ancestry or marital status of the Applicant or concerning the fact that the Applicant is a veteran or a member of the armed forces or is handicapped. The Applicant authorizes the Management and/or Renting Agency to obtain or cause to be prepared a consumer credit report relating to the Applicant.				Balance Due _____
Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, water or otherwise, unless caused by their negligence.				Upon Acceptance _____
The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Rental Housing Association lease or Tenancy at Will agreement in the usual form, a copy of which the Applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Deposit is to be applied as shown above, or applied to actual damages sustained by the Owner, except it is to be refunded if said application is not accepted by the Owner. This application and deposit are taken subject to previous applications.				

THIS APPLICATION MUST BE ACTED UPON BY THE OWNER ON OR BEFORE _____

The Renting Agent is an independent contractor and has no authority to make any representation concerning the premises; the Renting Agent is only authorized to show the apartment for rent and to assist in the screening of Rental Applicants.

Applicant Signature.....