

RENTAL APPLICATION
(SUBJECT TO OWNERS APPROVAL)

NAME OF APPLICANT: _____
PHONE: _____
EMAIL: _____
PRESENT ADDRESS: _____

IN CASE OF EMERGENCY NOTIFY, NAME: _____
PHONE: _____
ADDRESS: _____

APARTMENT / STUDIO / ROOM ADDRESS: _____
LEASE START DATE (1ST DAY OF THE MONTH): _____
LEASE END DATE (LAST DAY OF THE MONTH): _____
NUMBER OF ADULTS: _____
NAMES AND AGES OF MINOR CHILDREN (18 OR UNDER): _____
NAME OF ALL CO-TENANTS (EACH ADULT MUST FILE A SEPARATE APPLICATION): _____

BASE RENT PER MONTH \$: _____
LAST MONTH RENT DEPOSIT \$: _____
ONE-MONTH SECURITY DEPOSIT \$: _____
OTHER MONTHLY CHARGES BY OWNER: None.

FIRST MONTH IS DUE UPON ACCEPTANCE OF RENTAL APPLICATION.
LAST MONTH AND ONE-MONTH SECURITY DUE ON OR BEFORE MOVE IN DATE.

CURRENT EMPLOYER / SCHOOL: _____ **ID NUMER:** _____
EMPLOYER PHONE / EMAIL: _____
EMPLOYER ADDRESS: _____
OCCUPATION / SOURCE OF INCOME: _____
SALARY: _____
PERSONAL REFERENCE NAME: _____
REFERENCE PHONE / EMAIL: _____

INITIAL IF OVER 18 YEARS OF AGE: _____

ARE YOU A CONVICTED FELON? (Y?N): _____. If "Yes", please submit detail of conviction(s).

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.

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.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Rental 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. Deposits are to be applied as shown above, or applied to actual damages sustained by the Owner, except deposits are refunded if said application is not accepted by the Owner.

APPLICANT Signature: _____ Date: _____

Landlord/Representative: _____ Date: _____