

# Rental Application

DATE \_\_\_\_\_

INITIAL IF OVER 18  
YEARS OF AGE \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

LANDLORD REFERENCE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ DATES OF OCCUPANCY \_\_\_\_\_

COLLEGE/UNIVERSITY \_\_\_\_\_ MAJOR \_\_\_\_\_ YEAR IN SCHOOL \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_ SALARY \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

COSIGNER/GUARANTOR \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

COSIGNER/GUARANTOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ COMPLETE ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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

APARTMENT ADDRESS _____				TOTAL NO. OF OCCUPANTS _____	Base rent per month	\$ _____
UNIT # _____ CITY _____ STATE _____ ZIP CODE _____				NO. OF ADULTS _____	First Month's Rent	\$ _____
TERM OF LEASE (MONTHS) _____				NO. OF PETS _____	Last Month's Rent	\$ _____
					Security Deposit	\$ _____
					Balance Due Upon Acceptance	\$ _____

**Rental Amount Breakdown Per Tenant:** \_\_\_\_\_  
**ARE YOU A CONVICTED FELON? (Y/N) \_\_\_\_\_ If "Yes" Please submit detail of conviction(s).**

**Base rent and other monthly charges are due and payable on the first day of each month in advance.**

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 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.

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

Renting Agent Name \_\_\_\_\_ Renting Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Broker Company \_\_\_\_\_