

Our fax # 978-688-0110

RENTAL APPLICATION

The undersigned hereby makes application to rent number _____ located at _____

beginning on _____, at a monthly rental of \$ _____

Please tell us about yourself

Full Name _____ Phone _____

Date of Birth _____ Social Security Number _____

Name of Co-Applicant _____ Relationship _____

Date of Birth _____ Social Security Number _____

Home Phone _____ Cell Phone _____

Of Adults _____ # Of Children _____

Names of Children & Ages

Any Pets? Yes ___ No ___ Describe _____

Smoker? Yes ___ No ___

Please give your residence history.

Current Address _____

Month & Year Moved In _____ Reason for Leaving _____

Owner _____ Phone _____ Mo. Rent _____

Co-Applicant's Current Address _____

Month & Year Moved In _____ Reason for Leaving _____

Owner _____ Phone _____

Previous Address (Both) _____

Please give your employment information

Your Status () Employed Full Time () Employed Part Time () Retired () Not Employed

Current Employer _____

Address _____ Phone _____

Date(s) Employed/From _____ To _____ Position _____

Gross Monthly Salary _____

Co-Applicant's Employer _____

Address _____ Phone _____

Date(s) Employed/From _____ To _____ Position _____

Gross Monthly Salary _____

Total Number of Vehicles (Including Company Vehicles)

Make/Model _____ Year _____ Color _____ Plate #/State _____

_____ Year _____ Color _____ Plate #/State _____

Other Car, Motorcycle, etc. _____

Have you or co-applicant ever: Been sued for non-payment of rent? () Yes () No

Been evicted or asked to move out? () Yes () No

Bed Bugs () Yes () No

Broken a rental agreement or lease? () Yes () No

Roaches () Yes () No

Been sued for damage to rental property? () Yes () No

Declared Bankruptcy? () Yes () No

I AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT.

Signature Of All Adults

Date _____

Date _____