RENTAL APPLICATION

FILL-OUT IN BLACK INK ONLY

(Subject to Owners Approval)

Date:		
Name of Applicant: vbcv	Cell Phone #:	Home Phone #:
Social Security # or Tax ID #:	Date of Birth:	Email:
Automobile (Make/Year/Reg. State & No.):		
PRESENT ADDRESS	Dates of Current Occupancy	
Street: Apt #:	From:	To:
City:	Present Landlord's Name	Landlord's Phone #
State: Zip:		
Reason for Leaving:		
PREVIOUS ADDRESS	Dates of Previous Occupancy	
Street: Apt #:	From:	To:
City:	Previous Landlord's Name	Landlord's Phone #
State: Zip:		
Reason for Leaving:		
CURRENT EMPLOYER	Length of Employment	Weekly Salary Before Taxes
Business: Position:		
Street:	Supervisor	Supervisor's Phone #
City: State: Zip:		
FORMER EMPLOYER	Length of Employment	Weekly Salary Before Taxes
Business: Position:		
Street:	Supervisor	Supervisor's Phone #
City: State: Zip:		
Personal Reference:	Address:	Phone Number:
In Case of Emergency Notify:	Address:	Phone Number:

Name of All Adult Co-Tenants (Each Adult Must Fill Out a Separate Application)	Base Rent Per Month: (Subject to Escalation as Set Forth in Lease)
Name & Ages of Minors	Other Monthly Charges:
	Key/Lock:
Total No. of Occupants: / No. of Adults: / No. of Pets:	Last Month's Rent:
APT #: / Address: / City:	Security Deposit:
Occupancy Date: / Rent Begins:	Deposit on Account:
Term of Lease (Months): From (Date): To (Date):	Balance Due Upon Acceptance:

ARE YOU A CONVICTED FELON? (Y/N) _____ If "Yes", please submit details 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, marital status of the Applicant or concerning the fact that the Applicant is a veteran of a member of the armed forces or is handicapped. The Applicant authorizes the Management and/or Rental Agency to obtain or cause to be prepared a consumer report relating to the Applicant and authorizes the information in the credit report to be shared with parties involved with this transaction.

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 is taken subject to previous applications.

The Renting Agent is an independent contractor and has no authority to make and 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.

Renting Agent _____ **Applicant Signature** _____