

Rental Application

(Subject to Owners Approval)

			DATE	NUMBER
NAME OF APPLICANT	PHONE <i>(Indicate home, work or cell)</i>	EMAIL ADDRESS	INITIAL <i>(if over 18 years of age)</i>	
PRESENT ADDRESS	DATES OF CURRENT OCCUPANCY:		FROM	TO
CITY	STATE	ZIP CODE	AUTOMOBILE: MAKE/YEAR/REG. STATE & NO.	
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		ACCOUNT NUMBER	
BANK – SAVINGS ACCOUNT	BRANCH ADDRESS		ACCOUNT NUMBER	

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)
				Other Monthly Charges
				(e.g. parking, etc.)
ADDRESS	NAMES & AGES OF MINOR CHILDREN			Key/Lock
CITY	OCCUPANCY DATE	RENT BEGINS		Last Month's Rent
TERM OF LEASE (MONTHS)	FROM (DATE)	TO (DATE)		Security Deposit
				Deposit on Account
				Balance Due
				Upon Acceptance

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

Subject 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, gender identity, genetic information 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.

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.

Renting Agent..... Applicant Signature.....





RENTAL BROKERAGE FEE DISCLOSURE

(Required only where fee is being charged)

You have requested our assistance in finding housing accommodations for rent. In consideration of these services, you will be expected to pay us a fee as follows: _____

_____.

The fee will be payable at such time as you submit through our office an application to rent a particular housing accommodation. However, so long as you comply with the terms and conditions of the rental application and do not make any untrue statement therein, the fee will be refundable unless the application is accepted by the landlord and a tenancy is created. For this purpose, a tenancy will be created when both parties sign a lease or tenancy-at-will agreement or when you are allowed to take possession of housing accommodation.

This form is being provided in accordance with regulations adopted by the Massachusetts Board of Registration of Real Estate Brokers and Salesmen.

Date: _____

Signature of Broker or Salesperson

License Number

Signature of Prospective Tenant

Name: _____
(Please Print Full Name)

_____ (To be checked by broker of salesperson if applicable). The prospective tenant named above refused to sign this form.

