



DATE: _____

RENTAL APPLICATION

LOCATION _____

ALL FIELDS MUST BE COMPLETED TO CONSIDER APPLICATION

NAME:	HOME PHONE	SOCIAL SECURITY #
	OTHER PHONE	

PRESENT ADDRESS	
HOW LONG AT THIS ADDRESS	CURRENT RENT \$

PRESENT LANDLORD	ADDRESS	PHONE
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FORMER LANDLORD	ADDRESS	PHONE
CONTACT NAME		
HOW LONG AT THIS ADDRESS		

EMPLOYER	ADDRESS	PHONE
POSITION	CONTACT NAME	ANNUAL SALARY
HOW MANY YEARS		

PERSONAL REFERENCE	ADDRESS	PHONE
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BANK REFERENCE	BRANCH ADDRESS	PHONE
	ACCT #:	

NON FAMILY MEMBERS MUST FILE INDIVIDUAL APPLICATIONS		PROPOSED LEASE TERM	START	END
NUMBER OF ADULTS	NUMBER OF CHILDREN	1 YEAR		
RELATION	RELATION			
RELATION	RELATION			

Pursuant to the Fair Housing Law of the Commonwealth of Massachusetts, the Management shall neither refuse to rent or lease an apartment to any person because of race, color, creed, religion, national origin or ancestry of the applicant nor discriminate in the terms offered or service rendered.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Lease which may be terminated by the Lessor if any statement herein made is not true.

APPLICANTS SIGNATURE: _____

This application must be accompanied by a signed Landlord Reference Authorization and Employment Authorization