



Serving Greater Boston since 1988

449 Ferry Street - Everett, MA 02149
Tel. (617) 381-0777 - Fax (617) 381-1520

Web site: www.aaaapts.com

e-mail: info@aaaapts.com



RENTAL APPLICATION

EQUAL HOUSING OPPORTUNITY

The Undersigned hereby makes application to rent unit located at _____
beginning on _____ 20____, at a monthly rent of _____

** APARTMENT WILL BE TAKEN OFF MARKET WITH DEPOSIT & APPLICATION - ALL CHECKS WILL BE DEPOSITED IMMEDIATELY **

EACH ADULT MUST FILL OUT A SEPARATE RENTAL APPLICATION AND THERE IS A CHARGE OF \$10 FOR RUNNING YOUR CREDIT REPORT WHETHER YOUR APPLICATION IS ACCEPTED OR DENIED

FULL NAME: _____ PHONE _____

Date of Birth _____ Social Security Number _____

Name of Co-Applicant _____

Number of Dependents (Children) _____

Name(s) of all other occupants _____

Pets: Yes _____ No _____ If yes, what kind _____

Current Address _____ Rent \$ _____
(INCLUDE STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)

How long at current address? _____ Reason for leaving _____

Current Landlord _____ Phone _____
(NAME AND COMPLETE ADDRESS)

PLEASE LIST LAST TWO PREVIOUS ADDRESSES

Previous Address _____ Rent \$ _____
(INCLUDE STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)

How long at previous address? _____ Reason for leaving _____

Previous Landlord _____ Phone _____
(NAME AND COMPLETE ADDRESS)

Previous Address _____ Rent \$ _____
(INCLUDE STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)

How long at previous address? _____ Reason for leaving _____

Previous Landlord _____ Phone _____
(NAME AND COMPLETE ADDRESS)

EMPLOYMENT INFORMATION

Full-Time Part-Time Student Self-Employed Retired Unemployed

Current Employer _____
(NAME AND COMPLETE ADDRESS)

Length of Employment _____ Position _____ Income _____ per _____

Supervisor _____ Supervisor's Phone _____

Second Employer (if any) _____
(NAME AND COMPLETE ADDRESS)

Length of Employment _____ Position _____ Income _____ per _____

Supervisor _____ Supervisor's Phone _____

If employed by above less than 6 months, please provide previous employer and address _____

If there were other sources of income you would like to consider, please list income, source and person (Banker, Employer, etc) who we could contact for confirmation. You do NOT have to reveal alimony or child support unless you want us to consider it in this application.

Amount \$ _____ source _____



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Your Vehicle Make/Model _____ Year _____ Plate _____ State _____

Have you ever: Filled for bankruptcy? [] No [] Yes
Been evicted from tenancy? [] No [] Yes
Willfully or intentionally refused to pay rent when due? [] No [] Yes

Please give any additional information, which might help Management evaluate this application:

Day Phone(s) _____ Night Phone(S) _____

In case of emergency notify _____

(INCLUDE COMPLETE NAME, ADDRESS AND PHONE NUMBER AT WORK AND HOME)

Pursuant to Massachusetts Law, Management shall not make any inquiry concerning the race, religious creed, color, national origin, sex, age (except if a minor) ancestry or marital status of the applicant, or concerning the fact that the applicant is a veteran or the armed forces of his blind.

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rent is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however should any statement made above be a misrepresentation or not a true statement of facts, \$ _____ (equal to 1 month's rent) of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$ _____ (equal to 1 month's rent) as earnest money to be refunded to me if this application is not accepted within 7 business banking days. Upon acceptance of this application, this deposit shall be retained as part of the last month's rent and/or security deposit. When so approved and accepted I agree to execute a lease for the minimum term of twelve months or thirty day tenancy at will before possession is given and to pay the balance of the Last Month's Rent and/or Security Deposit within 10 business banking days (or by move-in date, whichever is first) after being notified of acceptance, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, employment, landlord references, character, and reputation. If the application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance. This application and deposit are taken subject to any previous applications.

In considering this application from you, Management will rely heavily on the information that you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references that you have listed. Management will review a "consumer report" (including Credit, public record searches, and employment/residence verification) in processing this application to determine whether you qualify.

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 Rentals Applicants.

THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

If you do not provide verifiable income as pay stub or Tax return of the previous year, we will do Criminal Check on your application. There will be an additional \$15 dollars per applicant.

TENANT PAYS 1 MONTH'S RENTAL FEE LESS ANY FEE ASSUMED BY THE LANDLORD

SIGNATURE OF APPLICANT _____ DATE _____