



# RENTAL APPLICATION

2001/2002 EDITION  
(SUBJECT TO OWNERS APPROVAL)

|                                    |                      |  |                      |                  |
|------------------------------------|----------------------|--|----------------------|------------------|
| NAME OF APPLICANT                  |                      | HOME PHONE                             | DATE                 | NUMBER           |
| PRESENT ADDRESS                    |                      | DATES OF CURRENT OCCUPANCY:            | FROM                 | TO               |
| CITY                               | STATE                | AUTOMOBILE: MAKE/YEAR/REG. STATE & NO. |                      | SOCIAL SECURITY# |
| 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) |
| ADDRESS                        |                        |               |                   | Other Monthly Charges                         |
|                                |                        |               |                   | (e.g. parking, etc.)                          |
| 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. 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 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..... Signature.....



## DISCLOSURE AND RELEASE

In connection with my application for Tenancy with you, I understand that consumer reports, which may contain public record information, may be requested from N.I.B., Inc., Stoughton, MA. I understand that such reports may contain public record information concerning any bankruptcy proceedings, criminal records, etc., from federal, state and other agencies, which maintain such records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY N.I.B., INC. TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to N.I.B., Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which N.I.B., Inc. has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from N.I.B. Inc.

I hereby authorize procurement of consumer report(s). This authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my residency (or contract) period.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date