

Rental Application

(Subject to Owners Approval)

PREPARED BY:

DATE

NUMBER

NAME OF APPLICANT			HOME PHONE	INITIAL IF OVER 18 YEARS OF AGE	
PRESENT ADDRESS			DATES OF CURRENT OCCUPANCY:	FROM	TO
CITY	STATE	ZIP CODE	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.)
CITY		NAMES & AGES OF MINOR CHILDREN		Key/Lock
				Last Month's Rent
OCCUPANCY DATE		RENT BEGINS		Security Deposit
				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 detail 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 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.....



22 MECHANIC

REFERENCE FORM



THE HERITAGE COMPANIES

I, _____,
give The Heritage Companies the permission to verify all information provided herein.

Applicant Name: _____

Current or Previous Landlord: _____

Address/Unit: _____

Phone Number: _____

Dates of Occupancy: _____ Monthly Rent: _____

Signature: _____

LANDLORDS / OWNERS / PROPERTY MANAGERS

**Please complete this portion and send the completed form to
klarsen@heritagecos.com or fax to (617) 221-1049. Thank you!**

What was the monthly rent: _____

When does/did the lease expire: _____

Is/was the account paid satisfactorily: _____

Have there been any payments more than 10 days late? _____

Has this tenant ever received a 14 day notice? _____

Is the rent in arrears? _____

Comments: _____

Completed By: _____

Title: _____

Signature: _____