

APPLICATION GUIDELINES

Please read all instructions carefully and thoroughly. Incomplete applications will NOT be processed. Applicant must complete and sign the attached application. All sections are to be completed. If a question does not apply, please specify N/A (not applicable.)

1. Applicant must provide his/her current address or place of residence. No Rural Routes or P.O. Boxes; street address is required.
2. Applicant must provide name, address and telephone number with area code of current and previous Landlord(s). All information will be verified, including payment history, dates of tenancy, and the amount of monthly rent.
3. Applicant may provide a Social Security Number. This is necessary in order that HADCO Management examines and reviews Applicant's credit history. If applicant does not have a Social Security Number, he/she must produce one of the following:
 - A valid I-20 for International students in US for purposes of studying in US.
 - A valid Work Visa for those authorized for residence in US for work purposes.
4. Applicant must provide name, address, and telephone number with area code of current employer. All information will be verified, including occupation, date of hire, and weekly gross income.
If applicant is self-employed, he/she may provide one of the following:
 - A signed copy of the previous year's Income Tax return;
 - Three consecutive pay stubs;
 - A copy of previous year's W-2 showing annual gross salary.If applicant is collecting alimony or child support payments, he/she may provide a copy of the order stating amount and terms of payments.
5. If applicant is a student, he/she must provide a school ID number and the name and address of school in which the student is currently enrolled, the Program of study, and the anticipated date of graduation. All information will be verified with the school enrollment office.
6. Applicant must provide the address and the apartment number for which he/she is applying. The size, total number of occupants, the monthly rent, and the anticipated date of Move-in and length of tenancy are required. The names of any other co-applicants must be provided. All information will be verified.
7. Applicant must provide names of Emergency contact. Please provide first and last name, street address, and telephone number with area code.
8. Applicant must complete the RIDER section of the application by providing the names of all children who will be occupying the unit. Occupants over the age of 18-years MUST complete and submit a separate application. If the number of occupants changes during a tenancy, HADCO Management must be notified. No one other than those individuals named on the Rider is allowed to occupy the apartment under any circumstances.
9. All balances must be paid in certified check or money order if received less than 30 days prior to move-in date.

HADCO Management utilizes the services of the Credit Bureau. Credit history will be reviewed prior to the acceptance of a tenancy, and payment history may be reported to this bureau.

APPLICATION RIDER

Unit Address: _____ Date: _____

1. **KEYS** – To help us guarantee security in your apartment and for your own protection, under no circumstances will we issue a key to any unauthorized person whose name is not on the lease. This will include all relatives, friends, etc.
2. **SATELLITE DISHES** – NO SATELLITE DISH INSTALLATION IS PERMITTED WITHOUT FIRST OBTAINING HADCO MANAGEMENT APPROVAL AND COMPLETING THE NECESSARY PAPERWORK. Please contact Hadco Management at 617-443-9400 in order to obtain the appropriate paperwork that is required **prior** to installation. Any satellite dish installed prior to obtaining written Landlord consent is subject to immediate removal by the Landlord and you will be held responsible for any damages to the premises and/or the building as a result of installation.
3. **DISCLOSURE** – In the event any law enforcement agency requests tenant information, the Landlord will release all documentation pertaining to the tenancy.
4. **LEAD PAINT DISCLOSURE** – I/We the undersigned, hereby acknowledge that the Landlord, his agent(s), servant(s), broker(s), and/or employee(s) have informed me/us that due to the age of the building, the apartment (together with the common interior and/or exterior areas), for which I/We are making an application of tenancy, MAY CONTAIN LEAD OR LEAD PAINT. As such and in order to protect the health of young children who may be affected by lead paint, Landlord requires that the following be completed by the applicant by checking the applicable provisions and signing this form.

() **I/We DO NOT** intend, at this time, to occupy the premises together with any child seven **(7) years** of age or younger. If during the time of my/our tenancy I/we do intend to occupy the premises with any child **(7) years** of age or younger, I/we will notify the Landlord in writing prior to the commencement of the child's occupancy. If deleading is necessary, the Landlord will perform the deleading according to the law prior to child's occupancy. Notices to Landlord should be made in writing to its managing agent. HADCO Management, 21 Dry Dock Avenue, PMB 49, Boston, MA 02210.

() **I/We DO** have a child seven **(7) years** of age or younger with whom I/we plan to occupy the premises at some time or at all times during my tenancy and/or occupancy. I/We acknowledge that the commencement of my/our tenancy will be delayed for such reasonable time as it will require to delead the premises.

5. **OCCUPANTS** (minors only) – The following is a list of people under the age of 18, who intend to occupy the Premises:

Minor's Name	Age	Minor's Name	Age
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I/We have read, acknowledge and understand the above.

Applicant's Signature	Date	Applicant's Signature	Date
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Verification Request

APPLICANT AUTHORIZATION TO RELEASE INFORMATION

I (PLEASE PRINT NAME) hereby authorize all third parties indicated on my application to furnish the information requested below to HADCO Management. I release all third parties, their officers, agents, and employees from any and all liability associated with such disclosure of the requested information.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

_____ has applied for an apartment with our company and has listed you as a reference. Please fill in the information requested below that applies to you and return to the attention of _____ via fax at (617) 443-9494. If you have any questions, please contact me at (617) 443-9400. Thank you for your assistance!

Employment Verification

Position: _____
Is the employee full/part-time, temporary/permanent: **(Please circle)**
Weekly Gross Salary: _____
Your name and title: _____

Student Verification

Date of Graduation: _____
Graduate or Undergraduate: _____
Program enrolled in: _____
Your name and position: _____

Landlord Reference

Tenant's address: _____
Dates of occupancy: _____
Amount of rent: _____ Was it paid on time?: _____
Would you re-rent to this tenant: _____
Any problems: _____

Your name and position: _____

