

SAMPLE

Received on _____ (date) at _____ (time)

RESIDENTIAL RENTAL APPLICATION

Each occupant and co-applicant 18 years or older must submit a separate application.

Property Address: 94 Tyler St. (street) 1 (apt #)
Boston (city) MA (state) 02111 (zip)

Lease to begin: July 1 * Monthly Rent: \$ 1800-2200 Lease Term: 12 months
* on or before

Applicant's name (first, middle, last) Sara Beth Rosen

Is there a co-applicant? ☐ yes ☒ no if yes, co-applicant must submit a separate application

E-mail Sararosebrightsmile@gmail.com Home Phone: 555.517.5555

Work Phone N/A Cell Phone: 555.517.5555

Emergency Contact Name & No: Madeline Rosen 555.505.5555

Soc. Sec. No. 000.55.0000 Driver License No. AB12345 In FL (state)

Date Of Birth 06/04/1996

Name all other persons that will occupy the Property:

Name: N/A Relationship: _____ Age: _____

Name: N/A Relationship: _____ Age: _____

Name: N/A Relationship: _____ Age: _____

Applicant's Current Address: 123 Sesame St. Apt. No. 6
Boca Raton, FL 12345 (city, state, zip)

Landlord's Name: Bert Byrd

Landlord's Phones: 555.123.4567 (day) same (night) same (cell)

Date Moved-In 01.01.year Move-Out Date 01.01.year Rent \$ 2500

Reason for move: Relocating for grad school at Tufts Dental

Applicant's Previous Address: 1996 Rainbow Rd. Apt. No. 8
New York, NY 54321 (city, state, zip)

Landlord's Name: Mario Plummer

Landlord's Phones: 888.777.6688 (day) same (night) same (cell)

Date Moved-In 01.01.year Move-Out Date 01.01.year Rent \$ 2400

Reason for move: Poor Maintenance

Applicant's Current Employer: Smile Bright Dental Associates

Address: 77 Crown Lane Boca Raton, FL 12345 (street, city, state, zip)

Supervisor's Name: Dr. George Jetson Phone: 555.717.1234 Fax: N/A

Start Date: 01.01.year Gross Monthly Income: \$ 3000 Position: Dental Assistant

Applicant's Previous Employer: The Max Cafe

Address: 41 Blding Dr. Boca Raton, FL 12345 (street, city, state, zip)

Supervisor's Name: Zack Morris Phone: 515.515.5555 Fax: N/A

Start Date: 01.01.year Gross Monthly Income: \$ 2000 Position: server

SAMPLE



RENTAL APPLICATION

2003 EDITION

(SUBJECT TO OWNERS APPROVAL)

SAMPLE

PREPARED BY:

month · day · year

NAME OF APPLICANT <i>Sara Beth Rosen</i>		HOME PHONE <i>555-123-4567</i>	DATE <i>X initial here</i>
PRESENT ADDRESS <i>123 Sesame St.</i>		DATES OF CURRENT OCCUPANCY: <i>01-01- year - 01-01- year</i>	INITIAL IF OVER 18 YEARS OF AGE
CITY <i>Boca Raton</i>	STATE <i>FL</i>	ZIP CODE <i>12345</i>	FROM <i>000-55-0000</i>
PRESENT LANDLORD <i>Bert Byrd</i>		AUTOMOBILE: MAKE/YEAR/REG. STATE & NO. <i>321 Valley Rd Boca Raton FL 12345</i>	TO <i>555-123-4567</i>
FORMER LANDLORD <i>Mario Plummer</i>		COMPLETE ADDRESS <i>start date - end date 10 Peach St. FL 12345</i>	PHONE NUMBER <i>555-321-5555</i>
CURRENT EMPLOYER <i>Currently attending University</i>		COMPLETE ADDRESS	PHONE NUMBER
OCCUPATION/SOURCE OF INCOME <i>Graduate student at Tufts Dental</i>		SALARY <i>0</i>	PHONE NUMBER <i>class of 2025</i>
FORMER EMPLOYER <i>Smile Bright Dental Assoc.</i>		LENGTH OF EMPLOYMENT <i>1 year</i>	LENGTH OF EMPLOYMENT <i>77 Crown Ln. Boca Raton, FL 555-222-1111</i>
PERSONAL REFERENCE (NAME) <i>Lisa Simpson</i>		COMPLETE ADDRESS <i>742 Evergreen Terrace Springfield IL 00011</i>	PHONE NUMBER <i>555-111-1234</i>
IN CASE OF EMERGENCY NOTIFY (NAME) <i>Kelly Bundy</i>		COMPLETE ADDRESS <i>9764 Jeopardy Ln. Chicago, IL 00011</i>	PHONE NUMBER <i>555-221-2222</i>
CREDIT REFERENCE <i>T-Mobile Family Plan</i>		COMPLETE ADDRESS <i>account opened in Boca Raton, FL</i>	PHONE NUMBER <i>555-331-1111</i>
BANK - CHECKING ACCOUNT <i>Bank of America</i>		BRANCH ADDRESS <i>account opened in Boca Raton, FL</i>	ACCOUNT NUMBER <i>1234567890</i>
BANK - SAVINGS ACCOUNT <i>N/A</i>		BRANCH ADDRESS	ACCOUNT NUMBER <i>0987654321</i>

NAME OF ALL CO-TENANTS (EACH ADULT MUST FILE A SEPARATE APPLICATION)

APARTMENT NO./TYPE <i># 94 Tyler St</i>	TOTAL NO. OF OCCUPANTS <i>1</i>	NO. OF ADULTS <i>1</i>	NO. OF PETS <i>0</i>
ADDRESS <i>Boston, MA 02111</i>	NAMES & AGES OF MINOR CHILDREN <i>July 1, year</i>		
CITY <i>12 months</i>	OCCUPANCY DATE	RENT BEGINS	
TERM OF LEASE (MONTHS)	FROM (DATE)	TO (DATE)	

Base rent per month \$
(Subject to escalation as set forth in lease)
Other Monthly Charges
(e.g. parking, etc.)

Key/Lock
Last Month's Rent
Security Deposit
Deposit on Account
Balance Due
Upon Acceptance

ARE YOU A CONVICTED FELON? (Y/N) *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..... Signature *X signature*

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GREATER BOSTON REAL ESTATE BOARD
RHA Form No. RH101



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Sign here

e-FORMS

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Describe other income Applicant wants considered: Please consider my guarantor's application towards my approval.
Bank's Name and Phone _____
Checking Account # _____ Savings Account # _____

Automobile - If Applicable

License Number N/A State _____
Make/Model _____ Year _____ Plate _____ State _____

Has Applicant ever:	Yes	No	Explanation
Been Evicted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Been asked to move out by a landlord?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Filed for bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Been sued for non-payment of rent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Had any credit problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Been convicted of a crime?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Is there additional info Applicant wants considered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Are there any criminal matters pending against you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

This Application is subject to prior Applications and shall remain the property of the owner. I certify that the above information is true and complete. Applicant understands that providing false or inaccurate information is grounds for rejection and a breach of any lease. I authorize the verification of this information by contacting any or all individuals, financial institutions listed above or credit reporting agencies. This is an application form. The applicant understands that all information will be verified and credit bureau reports completed, of which the contents will be shared with the Landlord. Until the Landlord has approved the application, no tenancy has been created and you have no rights to this apartment. The rental agent has no power to make any representations as to whether or not this application has been accepted or denied by the Landlord. If denied, applicant's sole remedy shall be the return of any deposit made hereunder. Any person signing on behalf of an applicant warrants and represents that said person has the authority to sign on behalf of such applicant. Any deposit hereunder shall be deemed made by such applicant regardless of whether the applicant personally signs or through a representative and such representative by signing in such capacity waives all rights to such deposit. The undersigned warrants and represents that all statements contained in this application are true, and recognized that the Landlord will execute a Lease in reliance upon the truthfulness thereof. Applicant agrees to execute a Standard Apartment Lease, as from time to time revised, and on the terms and conditions contained herein. Any deposit made by applicant, up to one month's rent, may be retained by Landlord as liquidated damages for failure of applicant to execute such Lease, make any payment hereunder, or if such Lease is terminated prior to occupancy for the untruth of any statement contained herein.

I UNDERSTAND THAT THIS APPLICATION AND LEASE AGREEMENT IS IRREVOCABLE IF ACCEPTED BY THE OWNER WITHIN FIVE DAYS, AND SHALL, UNTIL OWNER'S LEASE IS SIGNED, STAND IN LIEU THEREOF IF SO ACCEPTED AND OBLIGATES APPLICANT LEASEE(S) FOR THE TERM AND AT THE RENT MENTIONED. THE DEPOSIT SUBMITTED WITH THIS APPLICATION IS NON-REFUNDABLE IF ACCEPTED BY OWNER AS THE UNIT WILL BE TAKEN OFF THE MARKET.

Signature of Applicant X sign here Date month · day · year

Broker Information (if applicable):

Name: N/A
Address: _____
Phone: _____

SAMPLE

For Landlord's Use: On _____ (name, initials) notified applicant
By ☐ Phone ☐ Mail ☐ Fax ☐ in person that Applicant was ☐ approved ☐ not approved.

Leave blank until confirmed
with a property manager

APPLICATION RIDER

SAMPLE

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.

check
applicable
statement

() 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, 88 Black Falcon Avenue, Suite 340, 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 _____

I/We have read, acknowledge and understand the above.

X sign here

Applicant's Signature _____

mo/dy/yr

Date _____

Applicant's Signature _____

Date _____

SAMPLE

SAMPLE

Verification Request

APPLICANT AUTHORIZATION TO RELEASE INFORMATION

I (PLEASE PRINT NAME) Sara Beth Rosen 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: X sign here Date: mo/day/year

★ DO NOT FILL OUT BELOW THIS LINE ★

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: _____

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