

**RENTAL APPLICATION
(SUBJECT TO OWNER'S APPROVAL)**

DATE _____

Write below this Line		PLEASE WRITE INFORMATION CLEARLY	
NAME OF APPLICANT		CELL PHONE	INITIAL IF OVER 18 YEARS OF AGE
EMAIL ADDRESS		SOCIAL SECURITY NUMBER	FAX
DATE OF BIRTH:	DRIVERS LICENSE NUMBER:	STATE:	
PRESENT ADDRESS		DATES OF CURRENT OCCUPANCY: FROM	TO
CITY	STATE	ZIP	AUTOMOBILE: MAKE/YEAR/REG. STATE & NO.
PRESENT LANDLORD	COMPLETE ADDRESS	CURRENT RENT	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
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
NAMES OF ALL CO-TENANTS (EACH ADULT MUST FILE A SEPARATE APPLICATION)			
APARTMENT NO./TYPE	TOTAL NO. OF OCCUPANTS	NO. ADULTS	NO. OF PETS
ADDRESS	NAMES & AGES OF MINOR CHILDREN		
CITY	OCCUPANCY DATE	RENT BEGINS	
TERM OF LEASE (MONTHS)	FROM (DATE)	TO (DATE)	

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 the 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 authorized 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 or damage to personal belongings of any kind caused by fire, theft, smoke, water, steam, defective refrigeration, elevators, or otherwise, unless caused by their negligence while on the leased premises or in any storage space in the building or for any personal injury unless caused by the negligence of the Lessor, Management recommends Renters Insurance.

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.....



**Regency and Chiswick Building Co.
1455 Commonwealth Ave., Brighton MA 02135**