

RENTAL APPLICATION

(Each adult must file a separate application
Please Print)

Date _____

PERSONAL INFORMATION

APPLICANT _____
Last First M.I. S.S # Initial if over 18 years of age

NAMES OF ALL OTHER RESIDENTS

Last	First	M.I	Relationship to you	Initial if over 18
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRESENT ADDRESS

Street City State Zip Code

RESIDENCE HISTORY

Check One:

___ Own: Date of Current Occupancy From _____ To: _____ \$ _____
Month Year Month Year Monthly mortgage Payments

___ Rent: Dates of Current Occupancy from _____ To: _____ \$ _____
Month Year Month Year Monthly Rental payments

PRESENT LANDLORD (If Rents)

Name Address Phone

EMPLOYMENT HISTORY

Currently Employed By _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____ Other (Comm/Bonus) _____

Other Source of Income (i.e. , social security, retirement fund, disability, workman's Compensation, pension, alimony/child support, investments, etc...)

Type _____ Amount _____ Type _____ Amount _____
Type _____ Amount _____ Type _____ Amount _____

Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

No. of Autos _____

No. of Pets _____ Type _____

In case of an Emergency Notify (Name) _____

Address _____ Phone _____

APPLICATION TERMS **(applicant read carefully)**

This application is for Apartment No. _____ or similar type of occupancy on (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on terms and conditions stated therein.

The applicant hereby grants permission to carry out necessary credit check to verify the information contained in the application. Applicant agrees that the information set forth on the application is true and complete, and any misrepresentation will constitute a default under the lease or rental agreement between the parties.

The deposit taken with this application is to be applied to the security deposit. If the applicant fails to execute a lease, Then the deposit shall be retained by the owner as liquidated damages. However, the owner will return the deposit if he rejects this application.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representation concerning premises.

Deposit with application _____

Dated _____

Agents Signature _____

Applicant's Signature _____

VERIFICATION OF CURRENT LANDLORD

I hereby authorize _____ to release all information regarding my tenancy as indicated below to Devonshire Place.

Applicant Signature _____ Date _____

TO WHOM IT MAY CONCERN:

_____ has recently applied for an apartment at our rental community and your name has been given as a landlord reference. We would appreciate your courtesy in providing us the information requested below. Your reply will be treated confidentially.

Final action on the application will be deferred until your reply is received. Kindly complete this form and fax back to 413/534-4050 or return via mail to Devonshire Place Apartments, 50 Holy Family Road, Holyoke, MA 01040-2763. If you have any questions, or if we can be of any assistance, please call our Management Office at (413) 534-0097.

Thank you in advance for your immediate response to our request.

Devonshire Place Management Representative

1. Date moved in: _____ Date moved out: _____

2. Does the applicant have a lease with you, and did they stay for the full term? _____

3. What is the applicant's monthly rent? _____

4. How many times was the tenant late? _____ More than 30 days? _____

5. Does the applicant leave owing rent/damages? _____

6. Condition of residence when vacated? _____

7. What is the household composition per your records? _____

8. Have you received complaints from other residents about the applicant? _____

If so, please explain _____

9. Would you recommend the applicant as a tenant? _____ if not, please explain _____

10. Any additional comments? _____

Signature of Landlord: _____

Name: _____

Date: _____

CREDIT VERIFICATION

I, _____ hereby authorize Devonshire Place to perform a credit investigation.
(applicants name)

Applicant Signature: _____ Date: _____

Dear Applicant/Guarantor:

Please complete the bottom sections of this verification form in its entirety. All information pertaining to your credit history will be held in strict confidence.

Thank you.

Devonshire Place Management

First Middle Initial Last

Applicant Name: _____

Social Security Number: _____

Date of Birth: _____

CURRENT ADDRESS:

Number & Street: _____

City: _____ State _____ Zip code: _____

Landlord's name (if applicable) _____

Resided from: _____ To: _____

PREVIOUS ADDRESS:

Number & Street: _____

City: _____ State _____ Zip code: _____

Landlord's name (if applicable) _____

Resided from: _____ To: _____

EMPLOYMENT:

Employed By: _____

Employment Dates: _____

Monthly Income: \$ _____

VERIFICATION OF EMPLOYMENT

(TO BE COMPLETE BY APPLICANT)

I hereby authorize _____ to release all employment information listed below to Devonshire Place.

Applicant Signature: _____ Date: _____

TO WHOM IT MAY CONCERN:

_____ has applied for an apartment at our rental community and has given your name as a reference.

We would appreciate your courtesy in providing us the information requested below, and any other knowledge or information concerning the applicant which you feel may be of interest to a landlord. Your reply will be treated confidentially.

Final action on the application will be deferred until your reply is received. Kindly complete this form and fax back to 413/534-4050 or return via mail to Devonshire Place Apartments 50 Holy Family Road, Holyoke, MA 01040-2763. If you have any questions, or if we can be of any assistance, please call our Management office at (413) 534-0097.

Thank you in advance for your response to our request.

Devonshire Place Management Representative

(TO BE COMPLETE BY EMPLOYER)

Applicant's Home Address _____

Length of Employment _____

Position/Job Held _____

Present rate of pay \$ _____ gross amount per _____ week/hour/yearly

Avg. number of hours worked per week? _____ (reg.) _____ (overtime)

Present rate of pay for Overtime? \$ _____

Other income - Tips/Commissions, please specify type: _____

\$ _____ /month \$ _____ /year

Additional comments _____

Signature of Employer _____ Title _____

Date _____