

| For Landlord Use Only: |
|-----------------------------|
| Applicant Full Name & Phone |
| () |
| |

Prospective Tenant Rental Application

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

Date of Application:

Property ["Premises"] 205 McCloskey Street Fall River, MA 02723-3305

Applicant was referred to Landlord by: _____

PERSONAL INFORMATION

| Applicant's Full Name (first, middle, last): | ast): Social Security Number: | |
|--|-------------------------------|--|
| Date of Birth: | Day Phone: | |
| Email: | Evening Phone: | |
| Emergency Contact Name & Phone: | | |

Applicant's Driver's License Number: ______ Issuing State: _____

Have you ever been convicted of a felony? : YES / NO (please circle) If yes, explain conviction:

| - |
|---|

Do you own pets? YES / NO (please circle) List of Pets: ______

| Nearest Relative's Full Name: | Day Phone: |
|-------------------------------|----------------|
| Street Address: | Evening Phone: |
| City, State & Zip Code: | |

INCOME

Describe all sources of income, including savings, employment, annuities, trusts, etc.

| SOURCE | INCOME AMOUNT \$ |
|--------|------------------|
| SOURCE | INCOME AMOUNT \$ |
| SOURCE | INCOME AMOUNT \$ |



RESIDENTIAL HISTORY [LAST 3 YEARS]

| Applicant's Current Address: Landlord's Full Name: | | | |
|---|---|------------|--|
| Landlord's Phone: | (dav) (mobile) | | |
| Date Moved-In: | (day) (mobile) Move-Out Date: | _ Rent: \$ | |
| | | | |
| Prior Landlord's Full Name: | | | |
| Prior Landlord's Phone: | (day) (mobile) Move-Out Date: | | |
| Date Moved-In: | Move-Out Date: | _ Rent: \$ | |
| Have you ever been sued for | non-payment of rent? | YES / NO | |
| Have you ever been the subject of an eviction proceeding or settlement? YES | | | |
| Have you ever broken a rent | YES / NO | | |
| Have you ever been sued for | - | YES / NO | |
| If YES, to any of the question | ns above, please explain: | | |
| EMPLOYMENT | | | |
| Applicant's Current Employer | | | |
| | ress: City, State & Zip Code: | | |
| | Tel: Email: | | |
| Start Date: | Applicant's Gross Monthly Income: \$ | | |
| FINANCIAL INFORMATIO | | | |
| • | ruptcy? YES / NO (please circle) If YES, when? | | |
| Are there any judgments aga | ainst you? YES / NO (please circle) If YES, pleas | e explain: | |

Authorization & Representation: Applicant represents that the statements in this application are true and complete. Applicant understands that providing false or inaccurate information is grounds for rejection and constitutes a breach of any lease. Applicant authorizes Landlord and Landlord's agent, at any time before or during any tenancy, to: (1) obtain a copy of Applicant's credit report; (2) obtain a criminal background check related to Applicant and any occupant[s]; and (3) verify any rental, employment, or criminal history or verify any other information related to this application with persons knowledgeable of such information.

Notice: Unless agreed otherwise in writing, the Premises remain on the market until a lease is signed and Landlord may continue to show the Premises to other prospective tenants and accept another offer. Completion of this application does not guarantee the Premises will be available. Occupancy dates are subject to previous tenant vacating the Premises. It is unlawful and a discriminatory practice to discriminate against a prospective tenant in the terms or conditions of leasing any housing, or to solicit information, make or keep any record or use a form or application containing questions regarding race, color, religious creed, ancestry, sex, national origin, handicap or disability, age or familial status.

Applicant's Signature:

Date: