

RENTAL APPLICATION

By Mail:

To apply for an apartment mail completed application with a check equal to one month's rent to Scott Fitzmaurice P.O. Box 805, Monument Beach, MA. 02553. Once your application is approved, last month's rent and security will be due prior to move in. For example, if an apartment is \$1,100 then move in costs of first, last and security would be \$3,300.

By Fax:

Fax completed application to :

Scott A. Fitzmaurice, Property Owner & Manager

Fax: 508 759-3465

Questions or to schedule a showing:

Phone: 508 524-7888

Applicant Information

Applicant #1

FULL NAME

FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

EMAIL _____@_____

Applicant #2

FULL NAME

FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

EMAIL _____@_____

CURRENT ADDRESS

PHONE _____

HOW LONG HAVE YOU BEEN THERE? _____ YRS _____ MOS

IF RENTING: LANDLORD'S NAME AND NUMBER

PREVIOUS ADDRESS

HOW LONG HAVE YOU BEEN THERE? _____ YRS _____ MOS

IF RENTING: LANDLORD'S NAME AND NUMBER

NUMBER OF PEOPLE SEEKING TO OCCUPY THIS HOME _____

FOR HOW LONG WOULD YOU ANTICIPATE STAYING IN THIS RENTAL SITUATION

HOW MANY CHILDREN UNDER THE AGE OF THE SIX, IF ANY, WILL OCCUPY THE HOME? _____

WHAT ARE YOUR CURRENT SOURCES OF INCOME

IF WORKING, WHAT JOB(S) ARE CURRENTLY HELD? How long there?

MONTHLY HOUSEHOLD INCOME

NAME OF SUPERVISOR(S) IF WORKING

SUPERVISOR PHONE

*WHAT PETS DO YOU HAVE IF ANY WHICH YOU WOULD LIKE TO HAVE OCCUPY THE APARTMENT?
PLEASE LIST ANY AND ALL*

WHY YOU ARE LEAVING YOUR CURRENT LIVING SITUATION?

WHICH PROPERTIES ARE YOU INTERESTED IN RENTING IN ORDER OF CHOICE?

DO YOU NEED TO RENT PARKING AND IF SO HOW MANY SPOTS WOULD YOU IDEALLY LIKE?

OTHER COMMENTS YOU WOULD LIKE TO ADD:

*DO YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THIS
RENTAL WHICH WERE NOT ANSWERED?*

PLEASE PROVIDE THREE REFERENCES (NON RELATIVES)

NAME _____
ADDRESS _____

PHONE _____
RELATIONSHIP _____
NUMBER OF YEARS ACQUAINTED _____

NAME _____
ADDRESS _____

PHONE _____
RELATIONSHIP _____
NUMBER OF YEARS ACQUAINTED _____

NEAREST RELATIVE

NAME _____
ADDRESS _____

PHONE _____

All apartments are non smoking.

By signing we request that our application be considered, which may include pulling of credit report and/or contacting listed references.

_____printed name: _____
signature

_____printed name: _____
signature

_____printed name: _____
signature

Disclosure to Applicant Regarding Procurement of A Consumer Report

In connection with your application for (credit, insurance, direct marketing), we may procure a consumer report on you as part of the process of considering your application.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider your application.

The report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Give copy with Summary of Rights to applicant. Retain a copy for your files.