



# Rental Application

(Subject to Owners Approval)

DATE \_\_\_\_\_

NAME OF APPLICANT		CELL PHONE / EMAIL ADDRESS		INITIAL IF OVER 18 YEARS OF AGE
PRESENT ADDRESS		DATES OF CURRENT OCCUPANCY:		FROM TO
CITY	STATE	ZIP CODE	AUTOMOBILE: MAKE/YEAR/REG. STATE & NO.	SOCIAL SECURITY#
PRESENT LANDLORD		COMPLETE ADDRESS		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
PERSONAL REFERENCE (NAME)		COMPLETE ADDRESS		PHONE NUMBER
IN CASE OF EMERGENCY NOTIFY (NAME)		COMPLETE ADDRESS		PHONE NUMBER
CREDIT REFERENCE		COSIGNER EMAIL ADDRESS		COSIGNER CELL PHONE
BANK – CHECKING ACCOUNT		BRANCH ADDRESS		
BANK – SAVINGS ACCOUNT		BRANCH ADDRESS		

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

APARTMENT NO./TYPE	TOTAL NO. OF OCCUPANTS	NO. OF ADULTS	NO. OF PETS
ADDRESS		NAMES & AGES OF MINOR CHILDREN	
CITY	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) \_\_\_\_\_ 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..... Applicant Signature.....





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148 MAIN STREET MALDEN, MA 02148  
TEL: 781.322.1200 FAX: 781-723-2422 WWW.UNITEDPROPERTIES.COM

I understand and agree that by signing this form I am authorizing United Properties Inc. to verify my credit worthiness along with a national criminal and eviction report.

Aggree and accepted by:

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Applicant(s) Signature.

Date

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Printed name of applicant.

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Social Security or ITN #

D.O.B: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Color Photo copy of valid License or Passport must be attached before consideration of applicant for tenancy.**

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Licence ID #

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Passport ID #