



**PEABODY PROPERTIES, INC.**

536 Granite Street, Braintree, MA 02184

Tel: 781-794-1000 Fax: 781-794-1001

# RENTAL APPLICATION

**SITE** \_\_\_\_\_

NAME 1: \_\_\_\_\_

FIRST	MI	LAST	- -
			SOCIAL SECURITY NUMBER

NAME 2: \_\_\_\_\_

FIRST	MI	LAST	- -
			SOCIAL SECURITY NUMBER

ADDRESS: \_\_\_\_\_

STREET	APT #	TOWN OR CITY	STATE	ZIP CODE
--------	-------	--------------	-------	----------

ADDRESS: \_\_\_\_\_

STREET	APT #	TOWN OR CITY	STATE	ZIP CODE
--------	-------	--------------	-------	----------

RESIDED SINCE: \_\_\_\_\_, \_\_\_\_\_

(1) HOME TEL.: \_\_\_\_\_ BUSINESS TEL.: \_\_\_\_\_ MOBILE TEL.: \_\_\_\_\_

(2) HOME TEL.: \_\_\_\_\_ BUSINESS TEL.: \_\_\_\_\_ MOBILE TEL.: \_\_\_\_\_

Reason for applying at this development? \_\_\_\_\_

How did you hear about this development? \_\_\_\_\_

## PRESENT LANDLORD

\_\_\_\_\_ TEL.#: \_\_\_\_\_ FAX #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET	APT #	TOWN OR CITY	STATE	ZIP CODE
--------	-------	--------------	-------	----------

Is apartment rented to you? YES  NO  If NO, explain: \_\_\_\_\_

Are you presently under lease? YES  NO  If YES, when does lease expire? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Amount of rent per month \$ \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ No. of Occupants: \_\_\_\_\_

Do you usually pay rent in a timely manner? \_\_\_\_\_

Did you receive any notice of termination of tenancy? YES  NO  If YES, explain: \_\_\_\_\_

## PREVIOUS LANDLORD

\_\_\_\_\_ TEL.#: \_\_\_\_\_ FAX #: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_

STREET	APT #	TOWN OR CITY	STATE	ZIP CODE
--------	-------	--------------	-------	----------

APPLICANT'S ADDRESS: \_\_\_\_\_

STREET	APT #	TOWN OR CITY	STATE	ZIP CODE
--------	-------	--------------	-------	----------

Was apartment rented to you? YES  NO  If NO, explain: \_\_\_\_\_

Length of tenancy: from \_\_\_\_\_ to \_\_\_\_\_ Amount of rent per month \$ \_\_\_\_\_

Were you then under a lease? YES  NO  If YES, did you remain for its term? YES  NO

Did you receive any notice of termination of tenancy? YES  NO  If YES, explain: \_\_\_\_\_

The reason for your leaving: \_\_\_\_\_



Please provide list of all states in which any household member has resided: \_\_\_\_\_

Add Landlord Address if you lived at any of the above for a total of less than seven (7) years.

Previous Apartment Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

Why did you leave this apartment? \_\_\_\_\_

Did you ever receive any notices of termination of tenancy while at this apartment? YES  NO  If yes, please explain:

Complete the following information for each member of your family, including yourself, who will be occupying the apartment:

NAME	RELATIONSHIP	DATE OF BIRTH	SEX	OCCUPATION	F.T. STUDENT YES / NO	SOCIAL SECURITY NUMBER

**EMPLOYMENT** (for each household member aged 18 or over):

Individual Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Gross Wages / Salary \$ \_\_\_\_\_ PER \_\_\_\_\_ TEL. #: \_\_\_\_\_

Contact Person / Supervisor: \_\_\_\_\_ FAX #: \_\_\_\_\_

Individual Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_

Gross Wages / Salary \$ \_\_\_\_\_ PER \_\_\_\_\_ TEL. #: \_\_\_\_\_

Contact Person / Supervisor: \_\_\_\_\_ FAX #: \_\_\_\_\_

**OTHER SOURCES OF INCOME** (for all Household Members):

	AMOUNT RECEIVED PER MONTH	PERSON RECEIVING SUCH INCOME
Social Security	\$ _____	
Supplemental Security Income (SSI)	\$ _____	
Pension / Annuity / Trust	\$ _____	
Public Assistance (TANF / AFDC / EAFDC / GR)	\$ _____	
Unemployment Compensation	\$ _____	
Worker's Compensation	\$ _____	
Child Support / Alimony	\$ _____	
Student Financial Assistance	\$ _____	
Other Income (please specify)	\$ _____	



**RELATIVES** (Please list two relatives not living with you):

NAME	RELATIONSHIP	ADDRESS	(AREA CODE) TELEPHONE NUMBER

**ASSETS** Please list the assets *now owned or disposed of within the last two years* of anyone living in your household (***Include*** Checking, Savings, IRA, Money Market Account, and Term Certificates; and Real Estate, Stocks, Bonds, and Certificates.):

ASSET DESCRIPTION	SOURCE / BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**CREDIT HISTORY** (***Include*** payments, loans, credit cards, etc.):

OWED TO	ACCOUNT NUMBER	CURRENT BALANCE	MONTHLY PAYMENT
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

- Do you pay for utilities?    YES  NO     *If yes,* \$ \_\_\_\_\_ per month.
- Do you pay child support?    YES  NO     *If yes,* \$ \_\_\_\_\_ per month.
- Do you pay alimony?    YES  NO     *If yes,* \$ \_\_\_\_\_ per month.
- Do you pay child care?    YES  NO     *If yes,* \$ \_\_\_\_\_ per month.

**ADDITIONAL INFORMATION:**

Are you or any member of the household subject to lifetime sex offender registration requirement in any state?    YES  NO

Do you have a **Water Bed**?    YES  NO

Do you have a **Washing Machine**?    YES  NO

Do you have a **Dryer**?    YES  NO

Do you currently have a Household Pet ?    YES  NO ;    if YES, what type? \_\_\_\_\_

How many cars will be parked at the premises? \_\_\_\_\_ (copies of registration must be provided)

Year: \_\_\_\_\_ Registration #: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Year: \_\_\_\_\_ Registration #: \_\_\_\_\_ Make/Model: \_\_\_\_\_

PLEASE NOTE: COMMERCIAL/RECREATIONAL VEHICLES ARE NOT PERMITTED ON THE PREMISES WITHOUT WRITTEN PERMISSION FROM THE LESSOR.

Do you or any household members currently reside in Federally Assisted Housing or have you or any household members ever resided in Federally Assisted Housing?    YES  NO

Have you or any household member ever committed any fraud in connection with any Federal Housing Assistance program?    YES  NO ;    if YES, *please explain*:

Have you or any household members on Federal Assistance ever been terminated for fraud?    YES  NO ;    if YES, *please explain*:



## EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

**Note: HUD Race and Ethnicity Data Form(s) must be attached for Subsidized Sites.**

### ETHNIC CATEGORIES

- Hispanic or Latino                       Not-Hispanic or Latino

### RACE CATEGORIES

- American Indian or Alaska Native                       Asian                       Black or African American  
 Native Hawaiian or Other Pacific Islander                       White                       Other  
 I do not wish to furnish the above information

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and hereby acknowledge the understanding that this application constitutes my request for consideration as a tenant in the above development. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available to me. I understand that additional information may be requested to complete processing of my application.

I understand and grant permission for all of the above information to be verified by the owner / agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I understand that a false statement or misrepresentation of any information on this application will affect approval for residence; and, in the event that I take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I understand and grant permission that information regarding my tenancy can and will be made available to a consumer credit agency, criminal checks, and / or other inquiring about my tenancy with the apartment complex during and after my tenancy period.

### RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit and changes to policies, practices, and procedures.

\_\_\_\_\_ Please check here if you would like to make a request for a reasonable accommodation. Management will then provide you with a Request for a Reasonable Accommodation Form (RA-1) and complete a Referral Form (RA-2) to the property's Resident Service Coordinator to follow-up with you directly consistent with Management's Reasonable Accommodation Policies and Procedures.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**Signatures and proof of identification will be required of all those who sign lease.**

### FOR MARKET USE ONLY

A deposit (one month's rent) is required with this application. It will be based as follows:

1. Applied to your first month's rent if application is approved;
2. Returned to the Applicant if application is not accepted with explanation of denial;
3. Retained as liquidated damages if application is approved and Applicant cancels his or her application.

Amount of Deposit \$ \_\_\_\_\_ Check # \_\_\_\_\_ Occupancy Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

