

**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 \_\_\_\_\_

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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

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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: \_\_\_\_\_

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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

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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: \_\_\_\_\_

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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

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(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 \_\_\_\_\_