

**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

**Present Phone Residence**

**RESIDENCE HISTORY**

**Check One:**

☐ Own: Date of Current Occupancy From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
Month Year Month Year Monthly Mortgage Payments

☐ Rent: Date of Current Occupancy From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
Month Year Month Year Monthly Rental Payments

Present Landlord (if Rents) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Former 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 \_\_\_\_\_

**Credit Reference:**

Bank, Checking Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Checking Acct. No. \_\_\_\_\_

Bank, Savings Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_

Bank, Cert. of Dep. \_\_\_\_\_ Branch Address \_\_\_\_\_ C.D. Acct. No. \_\_\_\_\_

No. of Autos \_\_\_\_\_

No. of Pets \_\_\_\_\_ Type \_\_\_\_\_

In Case of 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 the terms and conditions stated therein.

The Applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Applicant agrees that the information set forth on this application is true and complete, and any misrepresentation on this application 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 refund 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 representations concerning the premises.

Deposit with application \_\_\_\_\_

Dated \_\_\_\_\_

Agents Signature \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

This property does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin.

**BORDER CITY MILLS APARTMENTS  
TWO WEAVER STREET  
FALL RIVER, MA 02720  
TELEPHONE 508-677-9738  
FAX 508-678-4978**

**VERIFICATION OF CREDIT & BACKGROUND CHECK**

I, \_\_\_\_\_ hereby authorize Border City Mills Apartments to perform a credit investigation and background investigation.

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 and background history will be held in strict confidence. Thank you.

Border City Mills Management

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Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

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

Employment: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**PLEASE BE SURE TO INCLUDE THE LAST FIVE (5) YEARS OF RESIDENTS**

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**VERIFICATION OF EMPLOYMENT**

I hereby authorize \_\_\_\_\_ to release all employment information listed below to Border City Mills Apartments.

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

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

**DO NOT WRITE BELOW THIS LINE**

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.

Final action on the application will be deferred until your reply is received. This form can be **faxed back to us at (508) 678-4978**. If we can be of any assistance, please call our management office at (508) 677-9738.

Thank you in advance for your response to our request.  
Very truly yours,

\_\_\_\_\_  
Border City Mills Apartments Management Representative

**TO BE FILLED OUT BY EMPLOYER**

Applicant's Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position/ Job held: \_\_\_\_\_

Is future employment anticipated? \_\_\_\_\_ YES \_\_\_\_\_ NO

Present rate of pay: \$ \_\_\_\_\_ (gross amount) per \_\_\_\_\_ (week/hour)

Average # of hours per week? \_\_\_\_\_ Regular \_\_\_\_\_ Overtime

Present Rate of Pay for Overtime: \$ \_\_\_\_\_

Other Income – Tips/Commissions, please specify type: \_\_\_\_\_  
\$ \_\_\_\_\_ month \$ \_\_\_\_\_/year

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**VERIFICATION OF CURRENTLANDLORD / OR PREVIOUS LANDLORD**

I hereby authorize \_\_\_\_\_ to release all information regarding my tenancy as indicated below to Border City Mills Apartments.

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

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

**DO NOT WRITE BELOW THIS LINE**

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Thank you in advance for your response to our request.  
Very truly yours,

\_\_\_\_\_  
Border City Mills Apartments Management Representative

**TO BE FILLED OUT BY LANDLORD**

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Length of residence: \_\_\_\_\_  
Does the applicant have a lease with you? \_\_\_\_\_  
Did the applicant stay full term? \_\_\_\_\_  
What is the applicants monthly rent? \_\_\_\_\_  
Does the applicant pay rent on time? \_\_\_\_\_  
Does/Did the applicant leave owing rent? \_\_\_\_\_  
Condition of residence when vacated? \_\_\_\_\_  
What is the household composition? \_\_\_\_\_ Adults \_\_\_\_\_ Children  
Have you received complaints from other residents about the applicant? \_\_\_\_\_  
If so, what kind? \_\_\_\_\_  
Would you recommend the applicant as a tenant? \_\_\_\_\_ If not please explain.

\_\_\_\_\_  
Any Additional Comments? \_\_\_\_\_  
\_\_\_\_\_

Signature of Landlord: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

By Phone: Date \_\_\_\_\_