



Riverview Apartments

Phone: 508-651-2728
Fax: 508-651-0484

RENTAL APPLICATION (SUBJECT TO OWNER'S APPROVAL)

NAME OF APPLICANT		HOME PHONE	DATE	NUMBER	INITIAL IF OVER 18 YEARS OF AGE
PRESENT ADDRESS		DATES OF CURRENT OCCUPANCY: FROM		TO	
CITY	STATE	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	COMPLETE ADDRESS		PHONE NUMBER		
BANK - CHECKING ACCOUNT	BRANCH ADDRESS	ACCOUNT NUMBER			
BANK - SAVINGS ACCOUNT	BRANCH ADDRESS	ACCOUNT NUMBER			

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)	

APPLICATION FEE: \$25.00

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 _____

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.....Signature.....

ADDENDUM "A" ATTACHED



ADDENDUM "A"
RENTAL APPLICATION

CRIMINAL HISTORY

1. Have you ever been convicted of or pleaded guilty or "no contest" to a felony (whether or not resulting in a conviction)?

_____ Yes

_____ No

2. Have you ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)?

_____ Yes

_____ No

NOTICE: BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE OWNER/OWNER'S REPRESENTATIVE TO VERIFY THIS INFORMATION BY CONDUCTING A CRIMINAL BACKGROUND CHECK. ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO REJECTION OF YOUR APPLICATION OR IMMEDIATE TERMINATION OF YOUR LEASE.

SIGNED: _____

DATE: _____

SIGNED: _____

DATE: _____