

# BEANTOWNCO

100 Felton Street Basement \* Waltham, MA 02453 \* Ph: 617-782-7800

**Landlord Use Only: Date and Time Rec'vd**

## PRELIMINARY RENTAL APPLICATION

DATE: \_\_\_\_\_

### APPLICATION FOR ADMISSION

Note: Please fill in all sections **completely.**

Applicant: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

#### CHOOSE SIZE OF APARTMENT:

One Bedroom [ ] Two Bedroom [ ] Three Bedroom [ ] Four Bedroom [ ]

Do you have a mobile voucher?  Yes  No If Yes, Housing Authority? \_\_\_\_\_

Present Housing Cost Per Month \$ \_\_\_\_\_ Including Utilities? [ ] Yes [ ] No

How Long Have You Lived at Present Address? \_\_\_\_\_ Years.

What are the reasons for Moving? \_\_\_\_\_

#### FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF:

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No



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5 \_\_\_\_\_ Yes or No

6 \_\_\_\_\_ Yes or No

**REFERENCES** - Full name and address of Landlords or Officials at other places you have lived over the last **five years**, such as shelters.

**Name of Present Landlord/Official:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**Name of Former Landlord/Official:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**What are the reasons for Moving?** \_\_\_\_\_

**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one **(1) year or more** and not be related to you.

**Name of Character Reference:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**How long have you known this person?** \_\_\_\_\_

**Name of Character Reference:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**How long have you known this person?** \_\_\_\_\_

## EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

**Member #** \_\_\_\_\_

**Name of Present Employer:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**Years Employed:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Current Salary:** \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_

**Name of Present Employer:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**Years Employed:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Current Salary:** \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_

**Name of Present Employer:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_



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

Years Employed: \_\_\_\_\_ Position: \_\_\_\_\_ Current Salary: \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

## OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Asset Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		week,month,year)

## OTHER INFORMATION:

Have you, or any adults listed on the application, ever been convicted of a felony?  Yes  No

If yes, describe: \_\_\_\_\_

Have you ever been evicted or served with a Notice to Quit?  Yes  No

If yes, describe reason(s): \_\_\_\_\_

Do you own a pet?  Yes  No

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

*Signed under the pains and penalties of perjury.*

\_\_\_\_\_  
Head of Household/Applicant      Date      Co-Applicant      Date

\_\_\_\_\_  
Other Adult (over the age of 18)      Date      Other Adult (over the age of 18)      Date

