

2nd HOUSEHOLD MEMBER:			
() Full Time	Name of Employer	Supervisor	Employer Phone
() Part Time	Full Street Address	Occupation	Length of Service (Years employed)
_____ # of hours worked per week		\$ _____	per _____
() Unemployed	City	State	Zip
		Present Gross Pay	Hour/Week/Month

OTHER SOURCES OF INCOME:			
SOCIAL SECURITY	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	ALIMONY [] YES [] NO AMT \$ _____
UNEMPLOYMENT	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	CHILD SUPPORT [] YES [] NO AMT \$ _____
DISABILITY	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	GENERAL ASSISTANCE [] YES [] NO AMT \$ _____
RETIREMENT/PENSION	[] YES [] NO	IF YES, ANNUAL AMT: \$ _____	OTHER: _____ [] YES [] NO AMT \$ _____

RENTAL HISTORY (Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive.)

CURRENT LANDLORD NAME:	_____	RENT PER MONTH:	\$ _____
ADDRESS:	_____	MOVE IN DATE:	_____
	_____	LEASE EXPIRES:	_____
TELEPHONE NUMBER:	() _____	HOW MUCH NOTICE IS REQUIRED:	_____
REASON FOR MOVING?	_____		

PREVIOUS LANDLORD NAME:	_____	RENT PER MONTH:	\$ _____
LANDLORD'S ADDRESS:	_____	RENTED FROM _____ TO _____	_____
	_____	PROPER NOTICE GIVEN:	_____
LANDLORD'S TELEPHONE NUMBER:	() _____	DEPOSIT RETURNED:	_____
APPLICANT'S PREVIOUS ADDRESS:	_____		
STREET ADDRESS:	City: _____	State: _____	Zip: _____
REASON FOR MOVING?	_____		

VEHICLE INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles):	_____	License Plate # & State:	_____
Make & Model:	Year: _____	Color: _____	License Plate # & State: _____
Make & Model:	Year: _____	Color: _____	License Plate # & State: _____
Other Car, Motorcycle, etc.:	_____		

APPLICANTS' CERIFICATION

I/We 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. I/We further understand that any inaccuracies provided or informaiton withheld may be the basis for immediate denial of my/our application by the Owner/Agent. I/We, by signature below, authorize the Owner/Agent to request complete criminal background check as well as a thorough credit investigation through an outside independent background service company to secure a written report of all information pertaining to [but not limited to] employment, landlord/rental history, sex offender records, criminal background, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine the person's eligibility.

Signature of Applicant	_____	Date	_____
Signature of Additional Adult Applicant	_____	Date	_____
Signature of Additional Adult Applicant	_____	Date	_____

Appleton Corporation and the property do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.

41 West Beacon LLC
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 Phone (860) 216-0000 Fax (413) 734-5517
 Email: mharris@oconnells.com

Professionally Marketed and Managed by:



Employment Verification Form

Applicant Name:		<u>For Office Use Only</u>	
Employer:		Date Sent:	
Address:		Date Received:	
Phone/Fax #:			

Information Requested:

1. Employment Start Date: _____ Current Position: _____
2. Expected Gross Earnings during next twelve (12) months: \$ _____
3. Prior 12 months Gross Earnings: \$ _____
4. Current salary and/or base pay rate:
 \$ _____ per hour for _____ hours per week
 \$ _____ per week for _____ weeks per year
 \$ _____ per month for _____ months per year
5. Employee works (circle one): Full Time Part Time Seasonally Temporarily
6. If employee works less than full time or for less than the full year, please specify work hours and months per year of work: _____
7. Overtime pay rate per hour: \$ _____ Expected hours of overtime during next 12 months: _____
8. Other Compensation not included above: \$ _____ for _____ (specify what it's for: commissions, bonuses, tips, etc.)

The information provided is true and correct to the best of my knowledge.

Signature

Date

Print Name

Title

Print Company Name

Phone Number

Applicant Release

I hereby authorize the release of all information deemed necessary relating to my residency at the above named rental address. I agree to hold harmless all parties and their agents from any and all claims I may have from the contents of the information disclosed and the disclosure and use of this information.

Signature of Applicant

Date

Print Name





Landlord Verification Form

Applicant Name:		For Office Use Only	
Rental Address:		Date Sent:	
Landlord's Name:		Date Received:	
Landlord's Address:		Received By:	
Landlord's Phone/Fax #:		Verbal Verification:	

Information Requested:

1. Are you a relative or friend of the applicant? Yes No

If so, please describe relationship: _____

2. Please Circle One: Current Landlord Previous Landlord Other

3. Dates of Applicant's Tenancy: From: _____ To: _____

4. Did the Applicant have a lease? Yes No

5. Did the applicant terminate their lease with proper notice? Yes No

A. Rent Payment History

1. Amount of monthly rent: \$ _____ 2. Did the applicant pay rent on time? Yes No

3. Was the rent ever paid late? Yes No

If so, how late and how often: _____

4. Did the applicant have any bounced (NSF) checks? Yes No If yes, how many? _____

5. Does the applicant owe any monies? Yes No

6. Have you ever begun / completed eviction for non-payment? Yes No

7. Was a Court judgment rendered in your favor for eviction for non-payment? Yes No N/A

8. Were the Utilities included in the rent? Yes No

9. Have the tenant paid utilities ever been disconnected? Yes No N/A

B. Caring for the Unit

1. Did the applicant keep the unit clean, safe and sanitary? Yes No

2. Did the applicant have a pet? Yes No If so what kind and how many? _____

3. Did the applicant, family members, guests or pet ever damage the unit or common areas? Yes No

If yes, describe: _____

4. Has the applicant paid for the damage? Yes No N/A

5. Will (did) you keep any security deposit? Yes No

6. Did the applicant have any problems with insects/rodents or bed bugs? [] Yes [] No
7. Did the applicant's housekeeping contribute to infestation? [] Yes [] No
8. Did the applicant make any alterations to the unit without your permission? [] Yes [] No

C. General

1. Was the applicant listed on the lease or occupancy agreement for the unit? [] Yes [] No
2. Did the applicant permit persons other than those on the lease to live in the unit? [] Yes [] No

If yes, describe: _____

3. Did the applicant, family members or guests create any physical hazards, engage in any criminal activity, act in a physically violent and/or verbally abusive manner, or interfere with the right to peaceful enjoyment of other residents, guests, landlord or staff? [] Yes [] No

If yes, describe: _____

4. Has the applicant given you any false information? [] Yes [] No

If yes, describe: _____

5. Has the applicant ever been given a lease violation? [] Yes [] No

If yes, describe: _____

6. Would you rent to this applicant again? [] Yes [] No

If not, why? _____

The information provided is true and correct to the best of my knowledge.

Signature of Landlord

Date

Print Name

Title

Print Company Name

Phone Number

Applicant Release

I hereby authorize the release of all information deemed necessary relating to my residency at the above named rental address. I agree to hold harmless all parties and their agents from any and all claims I may have from the contents of the information disclosed and the disclosure and use of this information.

Signature of Applicant

Date

Print Name