

36 Bedford Terrace LLC

Rental Office: 15 Cottage Street
 Easthampton, Massachusetts 01027
 Phone (413) 203-1382 Fax (413) 203-5465
 Email: acottagesquare@oconnells.com



Professionally Marketed and Managed by:



Rental Application

FOR OFFICE USE ONLY		 EQUAL HOUSING OPPORTUNITY	Rental History:	Acceptable	Not Acceptable
Date & Time Received:			Credit History:	Acceptable	Not Acceptable
Household Size:			Background Screening:	Acceptable	Not Acceptable
Apartment Size:			Application:	Accepted	Denied
Unit Type:	60% 80% Market		Unit Assigned:		

Please complete all requested information on both pages of the application. Thank you for your interest in our apartments!

APPLICANT

NAME: _____ HOME PHONE: _____
 FIRST MIDDLE LAST CELL PHONE: _____
 Street Address: _____ Email: _____
 _____ City: _____ State: _____ Zip: _____

HOUSEHOLD INFORMATION (List each household member who will be residing in the apartment)

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH	ALIAS OR ANY OTHER NAME	RELATIONSHIP TO APPLICANT	SEX	Driver's License Number / State
						Applicant		

HOUSING PREFERENCE (Please check the desired unit size)

UNIT SIZE (SELECT ONE): STUDIO ONE BEDROOM TWO BEDROOM THREE BEDROOM

MARKETING INFORMATION

HOW DID YOU HEAR ABOUT US? TENANT REFERRAL COMMUNITY ORGANIZATION
 NEWSPAPER AD NAME: _____
 WEBSITE OTHER: _____

PETS

DO YOU CURRENTLY HAVE A PET? YES NO IF YES, NAME: _____
 TYPE (CAT, DOG,...): _____ BREED: _____ SIZE: _____ LBS
 INDOOR? YES NO NEUTERED? YES NO LICENSE? YES NO

SOURCE OF INCOME & EMPLOYMENT INFORMATION (Please indicate the income received by each member of your household)

HEAD OF HOUSEHOLD:

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

OTHER SOURCES OF INCOME:

SOCIAL SECURITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	ALIMONY	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
UNEMPLOYMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	CHILD SUPPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
DISABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	GENERAL ASSISTANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
RETIREMENT/PENSION	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____

2nd HOUSEHOLD MEMBER:			
<input type="checkbox"/> Full Time	Name of Employer _____	Supervisor _____	Employer Phone _____
<input type="checkbox"/> Part Time	Full Street Address _____	Occupation _____	Length of Service (Years employed) _____
_____ # of hours worked per week		\$ _____	per _____
<input type="checkbox"/> 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? _____	

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.

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Credit, Criminal & Sex Offender Registry Release

Release:

In consideration for being permitted residency at 36 Bedford Terrace LLC (Property), I, _____ (Applicant), do represent all information to be true and accurate and that Management may rely on this information when investigating me for residency. Applicant hereby authorizes Management to make independent investigations to determine criminal background and sex offender information. I authorize any person, criminal background checking agency or sex offender registry agency having any information on me to release any and all such information to Management or their agents or criminal background and sex offender checking agencies. I hereby release, remise and forever discharge, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of Landlord and their criminal background and sex offender checking agencies in connection with processing of investigating me and will hold them harmless from any suit or reprisal whatsoever. I understand that the criminal background information (arrest, and/or conviction records) and sex offender information will be done through the facilities of RealPage Inc. as well as thru the Commonwealth of Massachusetts, Department of Criminal Justice Information Services.

For Credit Inquiries:

Credit Agency:	CSC Credit Services	OR	RealPage Inc.
Address:	PO Box 619054 Dallas, TX 75261-9054		Attn: Leasing Desk Consumer Relations 4000 International Parkway Carrollton, TX 75007-1913 (866) 934-1124
Phone:	800.392.7816		
Website:	www.csccredit.com		http://www.realpage.com/consumer-dispute

For Criminal or Eviction Inquiries:

RealPage Inc.
Attn: Leasing Desk Consumer Relations
4000 International Parkway
Carrollton, TX 75007-1913
Phone: (866) 934-1124
Website: <http://www.realpage.com/consumer-dispute>

Signature: _____

Date: _____

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO
CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR,
LICENSING, AND HOUSING PURPOSES

36 BEDFORD TERRACE LLC is registered under the provisions of M.G.L. c. 6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. **36 BEDFORD TERRACE LLC** has authorized **APPLETON CORPORATION** to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **APPLETON CORPORATION** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **36 BEDFORD TERRACE LLC & APPLETON CORPORATION** with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **APPLETON CORPORATION** to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:
APPLETON CORPORATION on behalf of **36 BEDFORD TERRACE LLC** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **36 BEDFORD TERRACE LLC & APPLETON CORPORATION** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth Place of Birth

Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ___ft. ___in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

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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



Bedford Terrace Apartments
 71 State Street
 Northampton, Massachusetts 01060
 Phone (413) 586-8896 Fax (413)
 582-7830
 Email: amichaelshouse@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

(Revised 3/21/2014)

