

459 South Street LLC

279 Daniels Street
Fitchburg, MA 01420

Phone (978) 343-8563 Fax (978) 345-9472

Email: ajosephshouse@oconnells.com

**SOUTH
BEND**



APARTMENTS

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): ☐ TWO BEDROOM RANCH STYLE ☐ TWO BEDROOM TOWNHOUSE STYLE ☐ NO PREFERENCE

MARKETING INFORMATION

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

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	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	<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:

() 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	[] 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' CERTIFICATION

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 information 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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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

(Revised 3/1/2016)



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

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Credit, Criminal & Sex Offender Registry Release

Release:

In consideration for being permitted residency at 459 South Street 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 payyourrent.com as well as thru the Commonwealth of Massachusetts, Department of Criminal Justice Information Services.

Signature: _____

Today's Date: _____

Social Security #: _____

Birth Date: _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for housing purposes.

Appleton Corporation

is registered under the

(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing. As an 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

(Organization)

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 Appleton Corporation

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

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

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

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

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

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

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date