

RENTAL CREDIT APPLICATION
ASHLEY ARMS APARTMENTS
 (Subject to Landlord's Approval)

Date: _____

THIS APPLICATION WILL BE CONSIDERED ONLY IF IT IS COMPLETELY FILLED OUT WITH NO BLANK SPACES. WRITE "NONE" OR "NOT AVAILABLE" IF THAT IS THE ANSWER. EACH ADULT (OVER THE AGE OF 18) WHO WILL LIVE IN THE APARTMENT MUST FILL OUT AN APPLICATION.

CREDIT CHECK: If you have frozen your credit, you need to unfreeze it 48 hours before the rental application can be processed. Be sure to let us know you have done this.

Applicant Information			
First Name:		M.I.:	Last Name:
Date of birth:	SSN:		Phone: ()
Current address:		Email:	
City:	State:	ZIP Code:	
Please Check: Own	Renting	Monthly Rent: \$	How long?
Landlord Name:		Address:	
Reason for Leaving:		Landlord Phone: ()	
Previous address:			
City:	State:	ZIP Code:	
Please Check: Owned	Rented	Monthly Rent: \$	How long?
Landlord Name:		Address:	
Reason for Leaving:		Landlord Phone: ()	
Employment Information			
Current employer:			
Employer address:		Phone: ()	How long?
City:	State:	ZIP Code:	
Occupation:		Weekly Take Home:	
Source of Additional Income:		Amount of Income:	
Former employer:		Phone: ()	How long?
Former employer address:			
City:	State:	ZIP Code:	
Emergency Contact (Someone who will not be living in the apartment with you)			
Name:			
Address:			
City:	State:	ZIP Code:	Phone: ()
Relationship:		Email:	
Automobile Information			
Year:	Make:	Model:	
Color:	License Plate:	State:	
Drivers License #:		State of Issue:	
How Did You Hear About Us			
Please Check: Internet	Referral	Other	Please Specify Source:
Describe Any Pet(s) You Wish to Occupy Apartment			

Eviction/Criminal History

Have you ever broken a lease or been evicted from any type of housing? Check: Yes No

If yes, please explain:

Have you or any proposed occupant ever been convicted of a crime? Check: Yes If No

yes, please explain:

Apartment Information

Size of Apartment:

Occupancy Date:

Additional Occupant:

Relationship:

Additional Occupant:

Relationship:

Additional Occupant:

Relationship:

Personal Reference

Name:

Phone #: ()

Address:

The undersigned warrants and represents that all statements herein are true and agrees to execute, upon presentation, a Lease Agreement in the usual form and on the terms and conditions herein stated, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Deposit is to be applied on rent and retained as liquidated damages, except it is to be refunded if said application is not accepted by owner. This application and deposit are taken subject to previous applications.

I hereby apply for the apartment listed above. With my signature below, I request all credit reporting services, employers, landlord, and personal references to disclose any pertinent information about me to the staff at Ashley Arms & Sutton Place Apartments.

For purposes of clerical necessity this application shall be valid for 3 months from the date the completed application is received in our office. If you continue to seek an apartment with us when this application has expired you must submit a newly completed application.

SIGNATURE _____ DATE _____

PRINT NAME _____

Thank you for applying with us. We hope to welcome you to our community soon!

For Office Use Only

APT # _____

Co-resident Name: _____ Move In Date: _____

Date Application Received: _____ Time: _____ Received By: _____

Reference Verification

Application

___ Present Address ___ Employment

___ Approved

___ Previous Address ___ Credit

___ Not Approved

___ Photo ID Checked

___ Rejection Letter Sent

Initials: _____ Date: _____

Please bring or mail the completed application to the rental office at:
Ashley Arms Apartments, 131 Ashley Ave, West Springfield, MA 01089