

APPLICATION FOR RENTAL

NOTICE: All adult applicants (18 years or older) must complete a separate application for rental.

APARTMENT:		RENT:	SECURITY DEPOSIT:	AGENT:	
START DATE:		LEASE LENGTH:	BROKER:	BROKER PHONE:	
APPLICANT INFORMATION					
FIRST NAME	M.I.	LAST NAME	SUFFIX	SSN	
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL		
CURRENT ADDRESS					
STREET ADDRESS		CITY	STATE	ZIP	
LANDLORD/MANAGING AGENT NAME			LANDLORD/MA PHONE ()		
MONTHLY RENT	DATE IN	DATE OUT	REASON FOR LEAVING		
PREVIOUS ADDRESS (if less than 2 years at current)					
STREET ADDRESS		CITY	STATE	ZIP	
LANDLORD/MANAGING AGENT NAME			LANDLORD/MA PHONE ()		
MONTHLY RENT	DATE IN	DATE OUT	REASON FOR LEAVING		
BANK INFORMATION					
CHECKING ACCOUNT BANK NAME		ACCOUNT NUMBER	PHONE NUMBER ()		
SAVINGS ACCOUNT BANK NAME		ACCOUNT NUMBER	PHONE NUMBER ()		
OTHER ACCOUNT BANK NAME		ACCOUNT NUMBER	PHONE NUMBER ()		
EMPLOYMENT & INCOME INFORMATION					
OCCUPATION - PRESENT	EMPLOYER/COMPANY	SUPERVISOR NAME	SUPERVISOR PHONE ()	ANNUAL SALARY	START DATE
OCCUPATION - <input type="checkbox"/> ADD'L <input type="checkbox"/> PREVIOUS	EMPLOYER/COMPANY	SUPERVISOR NAME	SUPERVISOR PHONE ()	ANNUAL SALARY	START DATE
OTHER INCOME DESCRIPTION				ANNUAL INCOME	
BUSINESS/CPA REFERENCES (if self-employed)					
NAME	ADDRESS	PHONE ()	RELATIONSHIP		
EMERGENCY CONTACT					
NAME	ADDRESS	PHONE ()	RELATIONSHIP		
PETS					
PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIPTION				
<p>I warrant that all statements above set forth are true. I further represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed. I hereby give my permission to conduct inquiries concerning my income, credit history, residence, banking relationships, character and reputation for the purpose of verifying information, provided by me, on any apartment rental/purchase application. If this application is approved, I further authorize Owner or its agent(s) to conduct further credit inquiries. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, OFAC search, and landlord/tenant court record search will be done in conjunction with my application. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. I hereby hold On-Site Manager, Inc., Rose Associates, Inc., As Agent For CVP I, LLC, and its agents free and harmless of any liability for providing written or verbal information and/or discussing the quality of my tenancy with current and former landlords property managers, supervisors, or employers. No representations or agreements by Salespersons, Brokers or others are to be binding on Rose Associates, Inc., As Agent For CVP I, LLC and/or any party connected with its business organization unless included in the written lease proposed to be executed. By submitting this application, I represent that I have viewed the apartment I am applying for in person. I further represent that Owner makes no guarantee regarding the status of this application or the availability of any apartment. If a lease is approved and executed, this completed application form becomes a part of that certain lease.</p>					
_____ (Signed/Applicant)			_____ Date		
BILLING INFORMATION FOR APPLICATION FEE					
CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS					
NAME ON CARD		CARD NUMBER	EXPIRATION DATE /		
<p>I authorize ON-SITE MANAGER, INC to charge \$65.00 per applicant to the above credit card. I agree to pay this charge according to the terms of my Cardholder Agreement. This fee is non-refundable and exclusive of any other fee. This payment does not bind the referring Owner or Landlord to any obligation to rent, and the reports furnished are the sole property of Owner or Landlord and On-Site Manager, Inc. (866 2 ON SITE).</p>					
_____ (Card Holder)			_____ Date		



AUTHORIZATION TO RELEASE RECORDS

I authorize the below parties to verify any and all requested information and to provide written support as necessary to ON-SITE MANAGER INC.

PRINT Applicant Name: _____

Applicant SIGNATURE: _____

(1) LANDLORD

Company Contact

Phone Fax

(2) BANK

Company Contact

Phone Fax

(3) EMPLOYER / ACCOUNTANT

Company Contact

Phone Fax

NOTE: If your employer uses an automated service to verify records (such as "The Work Number"), you must obtain documentation yourself and fax it to On-Site Manager Inc.

On-Site Manager Inc. | 866 2 ON-SITE | Fax 866 728 0161

