



1283 Commonwealth Ave - Suite 1
 Allston MA 02134
 Tel. (617) 789-4445 Fax. (617) 789-4408
 www.alphamanagementcorp.com

RENTAL APPLICATION

Date: _____

Personal Details

FIRST NAME		MIDDLE NAME		LAST NAME	
SOCIAL SECURITY #		MOBILE TELEPHONE #		EMAIL ADDRESS	
PRESENT ADDRESS			CITY	STATE	ZIP
NAME OF PRESENT LANDLORD				TELEPHONE #	
ADDRESS OF PRESENT LANDLORD			CITY	STATE	ZIP
HOW LONG?			ANTICIPATED MOVE-OUT DATE:		

Occupation / Source of Income

EMPLOYER NAME			TELEPHONE #		
ADDRESS		CITY	STATE	ZIP	
OCCUPATION		HOW LONG?		SALARY	

Person to Notify if there is an Emergency (this person must not reside on the premises)

NAME		RELATIONSHIP		EMAIL ADDRESS		TELEPHONE #	
ADDRESS			CITY		STATE	ZIP	

Financial Details

BANK NAME	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> INVESTMENT	BRANCH ADDRESS
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Apartment Details

NAMES of all occupants (each occupant, 18 years or older, must fill out an application)				First Month's Rent	\$ _____	
APT #	APT ADDRESS		PETS	OCCUPANTS	Last Month's Rent	\$ _____
LEASE DATES		LEASE TERMS		Security Deposit	\$ _____	
start	end	months	days	Key Deposit	\$ _____	
Have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please submit details of conviction(s)				Parking	\$ _____	
<p>PLEASE READ CAREFULLY BEFORE SIGNING BELOW</p> <p>You understand that all information shall be verified and credit bureau reports obtained. Until the landlord has approved this application, no tenancy has been created and you have no rights to the this apartment. The rental agent has no power to make any representations as to whether or not this application has been accepted or denied by the landlord. If denied, your sole remedy shall be the return of any deposits made hereunder. You warrant and represent that all statements contained in this application are true and recognize that the landlord is relying upon the truthfulness thereof. You agree to execute a standard apartment lease on the terms and conditions contained herein. Any deposit by you, up to one(1) month's rent, maybe retained by the landlord as liquidation damages for your failure to execute such lease, make any payments hereunder, or if such lease is terminated prior to occupancy for the for the falsity of any statement contained herein.</p> <p>By signing below, applicant(s) hereby authorize the landlord and/or its agents to investigate my credit history, landlord references and employment history and releases landlord and its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.</p>				Deposit on Account	\$ _____	
				TOTAL DUE	\$ _____	

Office Use Only	Staff Initials:
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> FILE COMPLETE	

Applicant Signature _____

Agent Signature _____

