UNION STREET LOFTS Managed by:

Rental Application
(Each co-resident over the age of 18 years of age <u>must</u> submit a separate application)

APPLICANT			
Full Name:	We have a solidate	Phone #:	
Social Security #:	***************************************	_ Initial if over 18 yrs old: Email: _	
Date of Birth:		# of occupants:	
Driver's License Number	*	State of Issue:	· · · · · · · · · · · · · · · · · · ·
Occupation:	(Gross Household Annual Income:	
APPLICANT INFORMA	TION		
Please list your living hist	ory for the last 5 years		
Present address:			
Street:		Apt.#:	
City:		State:	Zip Code:
Rent or Own?:	Dates:	Monthly payment:	
Name of landlord:		Phone #:	***
Previous address:			
		Apt.#:	
		State:	
		Monthly payment:	
		Phone #:	
Previous address:			
		Apt.#:	
		State:	
		Monthly payment:	
		Phone #:	
Current employer or sour	ce of income:		
Name of Employer or Inc	ome Source:		
Address:			
Phone #:	£I	nployment Dates:	
Position/Title:	V	/eekly Gross:	

Previous employer or so	urce of income:				
Address:	come Source:				
Phone #:		Employment D	ates:		
Position/Title:				Weekly Gross:_	
Other source of income:					
Type of income		ource/Bank			
1					
Bank references:					
execount in and type of at	.count.				
Balance:					
recount n and type of ac					
Credit card references: Account type	<u>Acct. #</u>				
List others that will be re					
•			of Birth:	Social Sec	curity #:
4					· · · · · · · · · · · · · · · · · · ·
***************************************				· · · · · · · · · · · · · · · · · · ·	
Pets:					
des or no:	type:	Nomo: Br	eed:		Weight:
Just vaccination.	veis	ivanic.		VII	
How did you hear about	us?				
Advertiseme	nt: Apartme	nts.com Craigsl	ist The	Reminder	Flyer and/or Brochure
Resident Ref	erral - Name of the	person who referred	you:		
Drive-by		-			
	e evnlain.				
Outer - ricasi	стыш				

Base rent and other monthly charges are due and payable on the first day of each month in advance. Management shall not make any inquiries concerning race, religious creed, color, national origin, sex, sexual orientation, age (except if a minor), ancestry, or marital status of the applicant or concerning the fact that the applicant is a veteran or a member of the armed forces or is handicapped or disabled.

The applicant authorizes the management to obtain or cause to be prepared a consumer credit report and criminal background report relating to the applicant. The applicant also authorizes the management to obtain rental history and employment information for the purpose of determining whether to lease an apartment to the applicant.

Neither the owner nor the management is responsible for the loss of personal belongings caused by fire, theft, smoke, water or otherwise, unless caused by their negligence.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a lease agreement in the usual form, a copy of which the applicant has received or has had occasion to examine, which lease or agreement may be terminated by the lessor if any statement herein made is not true. Deposit is to be applied to actual damages sustained by the owner, except it is to be refunded if said applicant is not accepted by the owner. This application and deposit are taken subject to previous applications.

Signature of applicant	 Date	
Monthly Rent		
Deposit to hold		
Security deposit		
Balance due to acceptance		

Union Street Lofts 184 State St New Bedford, MA 02740 Phone: (508)991-5329 Fax: (508)984-5080



