



65 Martha Road, Boston, MA 02114

(617) 742-0222

Managed By: HallKeen Management

RENTAL APPLICATION

(**Note:** Each co-resident over 18 years of age must submit a separate application.)

APPLICANT

Full Name: _____ Phone #: _____

Social Security #: _____

Occupation: _____ Gross Annual Income: _____

Initial if over 18 years of age _____

List others to reside in apartment:

1. _____

2. _____

APPLICANT INFORMATION

Present Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Rent or Own? _____ Dates: _____ Mthly Payment: _____

Landlord/Lender: _____ Street _____

City: _____ State: _____ Phone: _____

Previous Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Rent or Own? _____ Dates: _____ Mthly Payment: _____

Landlord/Lender: _____ Street _____

City: _____ State: _____ Phone: _____

Current Employer or Income Source:

(If self-employed please attach most recent W-2 or 1099 tax documents.)

Name of Employer/Source of Income: _____

Address: _____

Phone #: _____ Employment Date: _____

Position: _____ Salary: _____

Previous Employer of Income Source:

Name of Employer/Source of Income: _____

Address: _____

Phone #: _____ Employment Date: _____

Position: _____ Salary: _____

Other source of Income:

	Type of Income	Source/Bank	Gross Annual Amount
1.	_____	_____	_____
2.	_____	_____	_____

Bank References:

Name and Address of Bank: _____

Account Type and Account #: _____ Balance: \$ _____

Name and Address of Bank: _____

Account Type and Account #: _____ Balance: \$ _____

Credit References:

Account Type	Acct. #	Bank Name	Bal. Owed
_____	_____	_____	_____
_____	_____	_____	_____

Relatives/Emergency Contact (Not residing with you)

1. Name: _____ Relationship: _____
Address: _____ Phone: _____

2. Name: _____ Relationship: _____
Address: _____ Phone: _____

Base rent and other monthly charges are due and payable on the first day of each month in advance.

Management shall not make any inquiry 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 and/or Renting Agency to obtain or cause to be prepared a consumer credit report relating 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 application is not accepted by the owner. This application and deposit are taken subject to previous applications.

Signature of Applicant

Date

Signature of Applicant

Date

Base Rent Per Month _____

Other Monthly Charges _____ Explain _____
(eg. Parking, etc.)

Security Deposit _____

First Month's Rent _____

Bal. Due Upon Acceptance _____





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APPLICATION COVER SHEET

Date of Application: _____

Name of Applicant: _____

Apartment Address: _____

Unit Size: _____ Studio 1 Bedroom 2 Bedroom 3 Bedroom

Move-In Date: _____

Monthly Rent Amount: _____

Security Deposit: _____

Amount of Deposit Enclosed: \$ _____ Check # _____

DEPOSIT IS NON-REFUNDABLE EXCEPT WHEN APPLICATION IS DENIED BY HALLKEEN MANAGEMENT.

Special Incentives or Requests: _____

Property Manager's Signature: _____

Applicant's Signature: _____

**** PLEASE REMEMBER TO SIGN AND COMPLETE ENTIRE APPLICATION ****