

**AMY LOWELL HOUSE**

65 Martha Rd.  
Boston, MA 02114  
(617) 742-0222

**MANAGED BY: HALLKEEN MANAGEMENT**

**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 \*\***

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**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  
(eg. Parking, etc.) \_\_\_\_\_

Explain \_\_\_\_\_

Security Deposit \_\_\_\_\_

First Month's Rent \_\_\_\_\_

Bal. Due Upon Acceptance \_\_\_\_\_

