

DAVID A. BROSSI L.P., RENTAL APPLICATION

Old Path Village, 971 Concord Street, Framingham, MA 01701
508-872-8338, FAX 508-872-4544 www.davidabrossilp.com

Applicant**: _____ SS# _____ Date of Birth* _____ Cell#: _____

**Please include your middle initial in your name

Co-applicant** _____ SS# _____ Date of Birth* _____ Cell #: _____

E-mail address: _____

Present Address _____ Own / Rent (Circle one)
(Street) (City and State) (Zip)

Home Tel. _____ Marital Status* _____ # of Children* _____ Monthly Rent _____ Length of Tenancy _____

Present Landlord/Mortgagee _____ Address _____ Tel. _____

Previous Address(s) _____ Length of Tenancy _____

Previous Landlord/Mortgagee _____ Address _____ Tel. _____

Employer _____ Address _____ Salary _____

Position _____ Duration _____ Immediate Supervisor _____ Tel. _____

Previous Employer _____ Address _____ Salary _____
(Last 5 Years Only)

Position _____ Duration _____ Immediate Supervisor _____ Tel. _____

Co-applicant's Employer _____ Address _____ Salary _____

Position _____ Duration _____ Immediate Supervisor _____ Tel. _____

Primary Bank _____ How did you hear about this unit? _____

Have you, or anyone who will be residing with you, ever been arrested? _____ When? _____

In case of emergency notify _____ Address _____ Tel. _____

Vehicle(s) Make _____ Yr. _____ Color _____ Regist. _____, Make _____ Yr. _____ Color _____ Regist. _____

Person(s) to be Occupying Unit _____
(Name and Relationship) (Name and Relationship)

SMOKING IS NOT PERMITTED INSIDE PREMISES - NO PETS ALLOWED

* Optional Information

Unit _____ Address _____

Rent Per Month _____ Rent Begins _____ Term of Lease _____ One month's deposit required with Application _____

ALL RENTS ARE DUE & PAYABLE ON THE FIRST DAY OF EACH AND EVERY MONTH IN ADVANCE

The applicant applies to the owner for a lease on the premises described above and states that all information herein is true and correct, and agrees to sign upon presentation, after review, a Rental Housing Association lease with owner's Addendums. The deposit is to be applied to the rent or refunded to the applicant if the owner does not accept the application. To assist in the processing of this application, I give my consent for the office of the owner or its representative to confirm the information above, including obtaining credit and criminal reports on me/us.

Date _____ Applicants' signature _____ Co-app's signature _____

Rental Office _____ Rental Agent _____