

# 36 Bedford Terrace LLC

Rental Office: 15 Cottage Street  
 Easthampton, Massachusetts 01027  
 Phone (413) 203-1382 Fax (413) 203-5465  
 Email: acottagesquare@oconnells.com



Professionally Marketed and Managed by:



## Rental Application

FOR OFFICE USE ONLY			Rental History:	Acceptable	Not Acceptable
Date & Time Received:			Credit History:	Acceptable	Not Acceptable
Household Size:			Background Screening:	Acceptable	Not Acceptable
Apartment Size:			Application:	Accepted	Denied
Unit Type:	60% 80% Market		Unit Assigned:		

Please complete all requested information on both pages of the application. Thank you for your interest in our apartments!

### APPLICANT

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 FIRST MIDDLE LAST CELL PHONE: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### HOUSEHOLD INFORMATION (List each household member who will be residing in the apartment)

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH	ALIAS OR ANY OTHER NAME	RELATIONSHIP TO APPLICANT	SEX	Driver's License Number / State
						Applicant		

### HOUSING PREFERENCE (Please check the desired unit size)

UNIT SIZE (SELECT ONE):  STUDIO  ONE BEDROOM  TWO BEDROOM  THREE BEDROOM

### MARKETING INFORMATION

HOW DID YOU HEAR ABOUT US?  TENANT REFERRAL  COMMUNITY ORGANIZATION  
 NEWSPAPER AD NAME: \_\_\_\_\_  
 WEBSITE  OTHER: \_\_\_\_\_

### PETS

DO YOU CURRENTLY HAVE A PET?  YES  NO IF YES, NAME: \_\_\_\_\_  
 TYPE (CAT, DOG,..): \_\_\_\_\_ BREED: \_\_\_\_\_ SIZE: \_\_\_\_\_ LBS  
 INDOOR?  YES  NO NEUTERED?  YES  NO LICENSE?  YES  NO

### SOURCE OF INCOME & EMPLOYMENT INFORMATION (Please indicate the income received by each member of your household)

**HEAD OF HOUSEHOLD:**

( ) Full Time Name of Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Employer Phone \_\_\_\_\_  
 ( ) Part Time # of hours worked per week \_\_\_\_\_ Full Street Address \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Service (Years employed) \_\_\_\_\_  
 ( ) Unemployed City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_  
 Present Gross Pay \_\_\_\_\_ Hour/Week/Month \_\_\_\_\_

### OTHER SOURCES OF INCOME:

SOCIAL SECURITY  YES  NO IF YES, ANNUAL AMT: \$ \_\_\_\_\_ ALIMONY  YES  NO AMT \$ \_\_\_\_\_  
 UNEMPLOYMENT  YES  NO IF YES, ANNUAL AMT: \$ \_\_\_\_\_ CHILD SUPPORT  YES  NO AMT \$ \_\_\_\_\_  
 DISABILITY  YES  NO IF YES, ANNUAL AMT: \$ \_\_\_\_\_ GENERAL ASSISTANCE  YES  NO AMT \$ \_\_\_\_\_  
 RETIREMENT/PENSION  YES  NO IF YES, ANNUAL AMT: \$ \_\_\_\_\_ OTHER: \_\_\_\_\_  YES  NO AMT \$ \_\_\_\_\_

**2nd HOUSEHOLD MEMBER:**

<input type="checkbox"/> Full Time	Name of Employer	Supervisor	Employer Phone
<input type="checkbox"/> Part Time	Full Street Address	Occupation	Length of Service (Years employed)
____ # of hours worked per week		\$ _____	per _____
<input type="checkbox"/> Unemployed	City State Zip	Present Gross Pay	Hour/Week/Month

**OTHER SOURCES OF INCOME:**

SOCIAL SECURITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	ALIMONY	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
UNEMPLOYMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	CHILD SUPPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
DISABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	GENERAL ASSISTANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____
RETIREMENT/PENSION	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ANNUAL AMT: \$ _____	OTHER: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMT \$ _____

**RENTAL HISTORY** (Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive.)

**CURRENT LANDLORD NAME:** \_\_\_\_\_ **RENT PER MONTH:** \$ \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **MOVE IN DATE:** \_\_\_\_\_

\_\_\_\_\_ **LEASE EXPIRES:** \_\_\_\_\_

**TELEPHONE NUMBER:** ( ) \_\_\_\_\_ **HOW MUCH NOTICE IS REQUIRED:** \_\_\_\_\_

**REASON FOR MOVING?** \_\_\_\_\_

**PREVIOUS LANDLORD NAME:** \_\_\_\_\_ **RENT PER MONTH:** \$ \_\_\_\_\_

**LANDLORD'S ADDRESS:** \_\_\_\_\_ **RENTED FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

\_\_\_\_\_ **PROPER NOTICE GIVEN:** \_\_\_\_\_

**LANDLORD'S TELEPHONE NUMBER:** ( ) \_\_\_\_\_ **DEPOSIT RETURNED:** \_\_\_\_\_

**APPLICANT'S PREVIOUS ADDRESS:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**REASON FOR MOVING?** \_\_\_\_\_

**APPLICANTS' CERIFICATION**

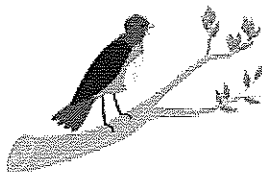
I/We certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. I/We further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Owner/Agent. I/We, by signature below, authorize the Owner/Agent to request complete criminal background check as well as a thorough credit investigation through an outside independent background service company to secure a written report of all information pertaining to [but not limited to] employment, landlord/rental history, sex offender records, criminal background, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine the person's eligibility.

Signature of Applicant	_____	Date	_____
Signature of Additional Adult Applicant	_____	Date	_____
Signature of Additional Adult Applicant	_____	Date	_____

*Appleton Corporation* and the property do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.

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## Credit, Criminal & Sex Offender Registry Release

Release:

In consideration for being permitted residency at 36 Bedford Terrace LLC (Property), I, \_\_\_\_\_ (Applicant), do represent all information to be true and accurate and that Management may rely on this information when investigating me for residency. Applicant hereby authorizes Management to make independent investigations to determine criminal background and sex offender information. I authorize any person, criminal background checking agency or sex offender registry agency having any information on me to release any and all such information to Management or their agents or criminal background and sex offender checking agencies. I hereby release, remise and forever discharge, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of Landlord and their criminal background and sex offender checking agencies in connection with processing of investigating me and will hold them harmless from any suit or reprisal whatsoever. I understand that the criminal background information (arrest, and/or conviction records) and sex offender information will be done through the facilities of RealPage Inc. as well as thru the Commonwealth of Massachusetts, Department of Criminal Justice Information Services.

### For Credit Inquiries:

Credit Agency:	CSC Credit Services	OR	RealPage Inc.
Address:	PO Box 619054		Attn: Leasing Desk Consumer Relations
	Dallas, TX 75261-9054		4000 International Parkway
			Carrollton, TX 75007-1913
Phone:	800.392.7816		(866) 934-1124
Website:	<a href="http://www.csccredit.com">www.csccredit.com</a>		<a href="http://www.realpage.com/consumer-dispute">http://www.realpage.com/consumer-dispute</a>

### For Criminal or Eviction Inquiries:

RealPage Inc.  
Attn: Leasing Desk Consumer Relations  
4000 International Parkway  
Carrollton, TX 75007-1913  
Phone: (866) 934-1124  
Website: <http://www.realpage.com/consumer-dispute>

Signature: \_\_\_\_\_

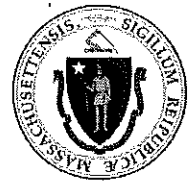
Date: \_\_\_\_\_

(Revised 9/19/2018)





THE COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
 Department of Criminal Justice Information Services 200  
 Arlington Street, Suite 2200, Chelsea, MA 02150  
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
 MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization.**

**Criminal Offender Record Information (CORI)  
 Acknowledgement Form**

To be used by organizations conducting CORI checks for housing purposes.

\_\_\_\_\_ Appleton Corporation \_\_\_\_\_ is registered under the  
 (Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing. As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

\_\_\_\_\_ Appleton Corporation \_\_\_\_\_  
 (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing \_\_\_\_\_ Appleton Corporation \_\_\_\_\_  
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

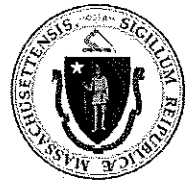
By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last SIX digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*



# Landlord Verification Form

Please Fax Verification form to: \_\_\_\_\_

Applicant's Name:		<b>For Office Use Only</b>	
Rental Address:		Date Sent:	
Landlord's Name:		Date Received:	
Landlord's Address:		Received By:	
Landlord's Phone/Fax #:		Verbal Verification:	

**Information Requested** (Please complete and return):

1. Please Circle One:      Current Landlord      Previous Landlord
2. Are you a relative or friend of the applicant?  Yes  No  
If so, please describe relationship: \_\_\_\_\_
3. Dates of applicant's tenancy:      From: \_\_\_\_\_      To: \_\_\_\_\_
4. Has the applicant completed the terms of their lease?  Yes  No  N/A (no lease or month-to-month lease)

**A. Rent Payment History**

1. Is the applicant current with all rental payments?  Yes  No  
If no, what is their outstanding balance? \_\_\_\_\_      Amount of monthly rent: \$ \_\_\_\_\_
2. Was the applicant ever late within the last 12 months?  Yes  No      If yes, how many times? \_\_\_\_\_
3. Has the applicant ever been more than thirty (30) days late with rent payments?  Yes  No
4. Does the applicant owe any monies?  Yes  No      If yes, how much? \$ \_\_\_\_\_
5. Did the applicant have any bounced (NSF) checks?  Yes  No      If yes, how many times? \_\_\_\_\_
6. Has the applicant had a subsidy payback agreement during or after their tenancy?  Yes  No  N/A

**B. Caring for the Unit**

1. Did the applicant keep the unit clean, safe and sanitary?  Yes  No
2. Was there ever any damages?  Yes  No      If so, what kind? \_\_\_\_\_
3. Did you, or will you, withhold the security deposit for damages?  Yes  No
4. Did the applicant have any problems with insects/rodents or bed bugs?  Yes  No  
If yes, when and is the issue currently rectified? \_\_\_\_\_
5. Did the applicant's housekeeping contribute to infestation?  Yes  No
6. Did the applicant make any alterations to the unit without your permission?  Yes  No

(Revised 2/18/2020)



C. Lease Compliance

- 1. Was the applicant listed on the lease or occupancy agreement for the property?  Yes  No
- 2. Did the applicant permit persons other than those on the lease to live in the unit?  Yes  No
- 3. Have you ever received any complaints from neighbors or other residents about this applicant?  Yes  No
- 4. Did the applicant, family members or guests create any physical hazards, engage in any criminal activity, act in a physically violent and/or verbally abusive manner, or interfere with the right to peaceful enjoyment of other residents, guests, landlord or staff?  Yes  No
- 5. Has the applicant ever been brought to court?  Yes  No
- 6. Has the applicant ever been asked to vacate the property?  Yes  No
- 7. Has the applicant ever violated their lease or property rules?  Yes  No
- 8. **\*\*If you answered yes to any questions in section C. Lease Compliance, please describe below:**

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- 9. Please circle one:            the applicant is moving voluntarily            the applicant has been asked to move
- 10. Would you rent to this applicant again?  Yes  No

*The information provided is true and correct to the best of my knowledge.*

---

Signature of Landlord

---

Print Name

---

Print Company Name

---

Date

---

Title

---

Phone Number

*Applicant Release*

I hereby authorize the release of all information deemed necessary relating to my residency at the above named rental address. I agree to hold harmless all parties and their agents from any and all claims I may have from the contents of the information disclosed and the disclosure and use of this information.

---

Signature of Applicant

---

Print Name

---

Date

(Revised 2/18/2020)



**Bedford Terrace Apartments**  
 71 State Street  
 Northampton, Massachusetts 01060  
 Phone (413) 586-8896 Fax (413)  
 582-7830  
 Email: [amichaelshouse@oconnells.com](mailto:amichaelshouse@oconnells.com)

Professionally Marketed and Managed by:



**Employment Verification Form**

Applicant Name:		<b>For Office Use Only</b>	
Employer:		Date Sent:	
Address:		Date Received:	
Phone/Fax #:			

**Information Requested:**

1. Employment Start Date: \_\_\_\_\_ Current Position: \_\_\_\_\_
2. Expected Gross Earnings during next twelve (12) months: \$ \_\_\_\_\_
3. Prior 12 months Gross Earnings:\$ \_\_\_\_\_
4. Current salary and/or base pay rate:  
 \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours per week  
 \$ \_\_\_\_\_ per week for \_\_\_\_\_ weeks per year  
 \$ \_\_\_\_\_ per month for \_\_\_\_\_ months per year
5. Employee works (circle one): Full Time Part Time Seasonally Temporarily
6. If employee works less than full time or for less than the full year, please specify work hours and months per year of work: \_\_\_\_\_
7. Overtime pay rate per hour: \$ \_\_\_\_\_ Expected hours of overtime during next 12 months: \_\_\_\_\_
8. Other Compensation not included above:\$ \_\_\_\_\_ for \_\_\_\_\_ (specify what it's for: commissions, bonuses, tips, etc.)

*The information provided is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Company Name

\_\_\_\_\_  
Phone Number

*Applicant Release*

I hereby authorize the release of all information deemed necessary relating to my residency at the above named rental address. I agree to hold harmless all parties and their agents from any and all claims I may have from the contents of the information disclosed and the disclosure and use of this information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

(Revised 3/21/2014)

