

# 36 Bedford Terrace LLC

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Professionally Marketed and Managed by:



## Rental Application

FOR OFFICE USE ONLY		 EQUAL HOUSING OPPORTUNITY	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 \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_  
 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 \$ _____

<b>2nd HOUSEHOLD MEMBER:</b>			
<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 _____

<b>OTHER SOURCES OF INCOME:</b>			
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 \$ _____

**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 informaiton 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.