

FOR OFFICE USE ONLY			
Date Application Taken	Time of Application	Date Deposit Received	Apt. Number
Apt. Preferences	Apt. Size	Monthly Rent	Application Taken By:

PLEASE TELL US ABOUT YOURSELF

Full Name (first, middle, maiden, last)	APPLICANT	CO-APPLICANT
	Social Security Number	
Driver's License Number & State		
Date of Birth		
Home Telephone No.		
Work Telephone No.		

PLEASE GIVE US YOUR RESIDENCY HISTORY FOR THE PAST 4 YEARS. Use Separate sheet if needed.

CURRENT ADDRESS		
Street Address		
City, State, Zip Code		
Month & Year Moved In		
	own rent	own rent
Reason for Leaving		
Landlord/ Mortgage Company		
Landlord/Mortgage Company Phone No.		
Landlord/ Mortgage Company Street Address		
City, State and Zip Code		

PREVIOUS ADDRESS		
Street Address		
City, State, Zip Code		
Month & Year Moved In		
	own rent	own rent
Reason for Leaving		
Landlord/ Mortgage Company		
Landlord/Mortgage Company Phone No.		
Landlord/ Mortgage Company Street Address		
City, State and Zip Code		

PLEASE GIVE US YOUR EMPLOYMENT INFORMATION

CURRENT EMPLOYMENT STATUS	APPLICANT	CO-APPLICANT
		<input type="checkbox"/> employed full-time <input type="checkbox"/> employed part-time <input type="checkbox"/> retired <input type="checkbox"/> unemployed <input type="checkbox"/> full-time student <input type="checkbox"/> part-time student
Employer		
Employer's Address		
Dates Employed		
Employed as (position)		
Income	\$ _ weekly _ bi-weekly _ monthly	\$ _ weekly _ bi-weekly _ monthly
Supervisor		

Supervisor's Phone Number		
PREVIOUS EMPLOYER		
Employer		
Employer's Address		
Dates Employed		
Employed as (position)		
Income	\$ _____ weekly _ bi-weekly _ monthly	\$ _____ weekly _ bi-weekly _ monthly
Supervisor		
Supervisor's Phone Number		

List other income you would like us to consider when evaluating this application (Pension, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants, Scholarships, etc.).

INCOME FROM OTHER SOURCES			
Family Member	Source of Income	Address of Source of Income/ Contact Person & Phone Number	Estimate of Annual Income

List ALL persons, including yourself, who will reside in the unit. Only those listed will be allowed to live on the premises.

Full Name First Name, Middle Initial, Last Name	Relationship	Date of Birth	Occupation
1.	HEAD		
2.			
3.			
4.			
5.			
6.			
7.			
8.			

CREDIT REFERENCES

Car:
 Make and Year: _____ Tag No. _____ Payment: \$ _____ weekly _ monthly
 Payment made to: _____ fully paid off

Bank Accounts (*checking, savings, IRA, money market, other*)

Household Member	Account Number	Bank Name	Bank Address	Avg 6 Mo Balance	Date Opened

Credit Cards and Other Credit

Credit Card/ Other Credit Reference	Account Number	Date Opened	Account Balance	Monthly Payment

Additional Monthly Expenses

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1. We certify that all information given in this application and any address thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management at its option may cancel the application or, if move-in has occurred, the Rental Agreement without notice.
2. We authorize *Brookside at Mayflower* and its agents to make appropriate and periodic inquiries, either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords, other sources for credit, verification of employment and other information provided herein.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income and/or household composition.
5. We have read and understand the information in this application and we agree to comply with such information.
6. We understand that this application is placed on a waiting list. We may request samples of the rental agreement and house rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and security deposits.
7. We authorize management to obtain one or more “ consumer reports “ as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.
8. We agree that a photocopy of this authorization shall be valid as the original.
9. This application is accepted subject to the vacating of the apartment by the prior tenant at the time specified.

FAIR CREDIT REPORTING ACT

This is to inform you that as part of our procedure for processing your application an investigative report may be made whereby information is obtained through personal interviews with third parties – such as family members, business associates, financial sources, friends, neighbors or others who are acquainted with you. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, income, credit background and police records. All information you or others give us will be held in strict confidence.

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, handicap or familial status.

Please be advised that any information given to this office that is falsified in any way will automatically result in the denial of your application. I/we have read and understand the above.

FAIR HOUSING CERTIFICATION:

Federal and state laws prohibit acts of housing discrimination including:

- refusals to provide housing because of an applicant’s race, color, creed, religion, national origin, sex, marital status, disability, age, familial status, sexual orientation or lawful source of income;
- providing housing on an unequal basis
- segregating occupants
- claiming housing is unavailable when, in fact, it is available;
- rejecting a disabled applicant because he/she uses a trained guide dog or any other assistive animal; and
- refusing to make reasonable accommodations in rules, policies or procedures which would allow occupancy by a person with disabilities.

If you believe you may have been a victim of housing discrimination, immediately contact one of the following agencies:

- The Office of Fair Housing and Equal Opportunity at the Office of U.S. Department of Housing and Urban Development (HUD). The telephone number is (215) 656-0647 or (215) 656-3450 (TTD).

I/ we acknowledge that I/we have informed or my/our right to fair housing.

Consumer Reporting Service Applicant Release Form

The information on this page is to be completed by the prospective tenant for the purpose of obtaining a rental lease.

This form must be completed by EACH adult applicant who is 18 years of age or older.

First Name	Middle Name	Last Name	Social Security Number	Signature	Date

If you or any other adult member used any - Name(s) or Social Security Number(s) other than the one(s) being currently used - please provide the previous information above.

Additional Residency History

Additional Residency History		
	APPLICANT	CO-APPLICANT
Full Name (first, middle, maiden, last)		
Home Telephone No.		
Work Telephone No.		
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Street Address		
City, State, Zip Code		
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