

RENTAL APPLICATION
(Each adult must file a separate application)
Please Print

Date _____

PERSONAL INFORMATION

APPLICANT

Last _____ First _____ M.I. _____ S.S. # _____ Initial If Over 18 Years Of Age _____

NAMES OF ALL OTHER RESIDENTS:

Last	First	M.I.	Relationship To You	Initial If Over 18
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Present Address

Street _____ City _____ State _____ Zip Code _____

Present Phone Residence

RESIDENCE HISTORY

Check One:

- Own: Date of Current Occupancy From: _____ To: _____ \$ _____
Month Year Month Year Monthly Mortgage Payments
- Rent: Date of Current Occupancy From: _____ To: _____ \$ _____
Month Year Month Year Monthly Rental Payments

Present Landlord (if Rents) Name _____ Address _____ Phone _____

Former Landlord (if Rents) Name _____ Address _____ Phone _____

EMPLOYMENT HISTORY

Currently Employed By _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____ Other (Comm/Bonus) _____

Other Source of Income (i.e., social security, retirement fund, disability, workman's compensation, pension, alimony/child support, investments, etc.)

Type _____	Amount _____	Type _____	Amount _____
Type _____	Amount _____	Type _____	Amount _____

Former Employer _____ Occupation _____

Address _____ Dates Of Employment _____

Supervisor _____ Phone _____

Credit Reference:

Bank, Checking Account _____ Branch Address _____ Checking Acct. No. _____

Bank, Savings Account _____ Branch Address _____ Savings Acct. No. _____

Bank, Cert. of Dep. _____ Branch Address _____ C.D. Acct. No. _____

No. of Autos _____

No. of Pets _____ Type _____

In Case of Emergency Notify (Name) _____

Address _____ Phone _____

APPLICATION TERMS
(Applicant Read Carefully)

This application is for Apartment No. _____ or similar type of occupancy on (date) _____
The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

The Applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Applicant agrees that the information set forth on the application is true and complete, and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties.

The deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease, then the deposit shall be retained by the owner as liquidated damages. However, the owner will refund the deposit if he rejects this application.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

Deposit with application _____

Dated _____

Agents Signature _____

Applicant's Signature _____

**BORDER CITY MILLS APARTMENTS
TWO WEAVER STREET
FALL RIVER, MA 02720
TELEPHONE 508-677-9738
FAX 508-678-4978**

VERIFICATION OF CREDIT & BACKGROUND CHECK

I, _____ hereby authorize Border City Mills Apartments to perform a credit investigation and background investigation.

Applicant
Signature: _____ Date: _____

Dear Applicant / Guarantor:

Please complete the bottom sections of this verification form in its entirety. All information pertaining to your credit and background history will be held in strict confidence. Thank you.

Border City Mills Management

Applicant Name: _____

Social Security Number: _____

Date of Birth: _____

Current Address: _____

Previous Address: _____

Previous Address: _____

Employment: _____

Name: _____

Address: _____

Phone: _____

PLEASE BE SURE TO INCLUDE THE LAST FIVE (5) YEARS OF RESIDENTS

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VERIFICATION OF EMPLOYMENT

I hereby authorize _____ to release all employment information listed below to Border City Mills Apartments.

Applicant
Signature: _____ Date: _____

Employer Name: _____ Phone: _____

DO NOT WRITE BELOW THIS LINE

To whom it may concern:
_____ has applied for an apartment at our rental community and has given your name as a reference.

We would appreciate your courtesy in providing us the information requested below, and any other knowledge or information concerning the applicant which you feel may be of interest to a landlord.

Final action on the application will be deferred until your reply is received. This form can be **faxed back to us at (508) 678-4978**. If we can be of any assistance, please call our management office at (508) 677-9738.

Thank you in advance for your response to our request.
Very truly yours,

Border City Mills Apartments Management Representative

TO BE FILLED OUT BY EMPLOYER

Applicant's Home Address: _____

Length of Employment: _____

Position/ Job held: _____

Is future employment anticipated? _____ YES _____ NO

Present rate of pay: \$ _____ (gross amount) per _____ (week/hour)

Average # of hours per week? _____ Regular _____ Overtime

Present Rate of Pay for Overtime: \$ _____

Other Income – Tips/Commissions, please specify type: _____
\$ _____ month \$ _____/year

Additional Comments: _____

Signature of Employer: _____

Title: _____ Date: _____

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VERIFICATION OF CURRENTLANDLORD / OR PREVIOUS LANDLORD

I hereby authorize _____ to release all information regarding my tenancy as indicated below to Border City Mills Apartments.

Applicant
Signature: _____ Date: _____

Landlord Name: _____ Address: _____
Phone: _____

DO NOT WRITE BELOW THIS LINE

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_____ has applied for an apartment at our rental community and has given your name as a reference.

We would appreciate your courtesy in providing us the information requested below, and any other knowledge or information concerning the applicant which you feel may be of interest to a landlord.

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Very truly yours,

Border City Mills Apartments Management Representative

TO BE FILLED OUT BY LANDLORD

Length of residence: _____
Does the applicant have a lease with you? _____
Did the applicant stay full term? _____
What is the applicants monthly rent? _____
Does the applicant pay rent on time? _____
Does/Did the applicant leave owing rent? _____
Condition of residence when vacated? _____
What is the household composition? _____ Adults _____ Children
Have you received complaints from other residents about the applicant? _____
If so, what kind? _____
Would you recommend the applicant as a tenant? _____ If not please explain.

Any Additional Comments? _____

Signature of Landlord: _____

Name: _____ Date: _____

By Phone: Date _____