#### **Rental Application Guidelines**

Please read all instructions carefully and thoroughly. The information and documents detailed in the checklist below are necessary for the processing and approval of an application. Applications are not considered complete until all applicable information has been received by CCGA. CCGA will not review or process any incomplete application. Incomplete applications will be returned to the applicant.

Please complete the following checklist and submit it with your application along with any additional required documents. Please be sure to sign the checklist. Application: Complete all fields or answer 'N/A' except for section labeled "For Office Use Only" o Applicant must provide current address or place of residence (no P.O. Boxes) Applicant must have a Social Security Number Application must be signed by applicant Verification Request: Application name and signature Completed Employment Verification, Student Verification, Present Landlord Reference, and Previous Landlord Reference sections. Employment Verification: Two consecutive recent paystubs (dated within the last month) or Letter from Applicant's employer on company letterhead stating dates of employment and salary; dated within the last 30 days; or Current year tax return Student Verification: Verification from Applicant's school providing information on full-time status and anticipated date of graduation; and Valid I-20 (international students only). I-20 must be valid for entire term of lease. Identification: o Government-issued photo ID; or Valid passport and/or visa Application Ryder: Must be include names of all individuals planning to reside in the unit (including children) Must be signed Deposit: \$200.00 deposit is required to hold a unit while the application is being processed. Once an application is approved, Applicant must sign a lease and pay  $\bar{1}^{st}$  and last month's rent by way of bank check or certified check within 3 business days. Deposits are applied to the 2<sup>nd</sup> month's rent. The management company utilizes the services of the Credit Bureau. Credit history will be reviewed prior to the acceptance of a tenancy, and payment history may be reported to this bureau. I, applicant, understand that only a complete application will be considered for review and approval and that an incomplete application may be returned to me. I also understand my credit will be reviewed as part of this application process. In the event my application is approved, I am prepared to sign the lease and provide 1st and last month's rent within 3 business days of the date my application was approved.

Date

**Applicants Signature** 

### Rental Lease Application

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|-------|--|--|--------|--|
| Date: |  |  |        |  |
| יאורי |  |  |        |  |

57 Mill Street Woburn, MA 01801 781.933.1414 PH 781.933.8679 Fax

| LIVECCGA.COM   |                          |                   |                  |                           |                    |                   |                              |                             |                           |
|--|--------------------------|-------------------|------------------|---------------------------|--------------------|-------------------|------------------------------|-----------------------------|---------------------------|
| GENERAL INFORMATION  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| NAME OF APPLICANT  |                          |                   | HOME PHONE NO.   |                           | EMAIL ADDRESS      |                   |                              |                             |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| IF RENTING IS  | LEASE IN YOUR            | CELL PHO          | NE NO            |                           | DATE OF E          | RIRTH             |                              | SOCIAL SECUI                | RITY NO                   |
| NAME?  | LEASE IN TOOK            | CLLLTIIO          | NE NO.           |                           | DATE OF L          | , IKIII           |                              | SOCIAL SECO                 | ATT NO.                   |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| PRESENT ADDI   | RESS                     | 1                 | LAN              | DLORD'S NAME              | ),                 |                   | PHONE NO.                    | DATES OF CUI                | RRENT OCCUPANCY           |
|  |                          |                   |                  |                           |                    |                   |                              | FROM                        | TO                        |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
|  |                          |                   |                  |                           |                    |                   |                              | MONTHLY RE                  | NT                        |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| PREVIOUS ADI   | DRESS                    |                   | PRE              | VIOUS LANDLOF             | S LANDLORD PHONE N |                   | PHONE NO.                    | DATES OF PREVIOUS OCCUPANCY |                           |
|  |                          |                   |                  |                           |                    |                   |                              | FROM                        | TO                        |
| HOW DID YOU  | HEAR ABOUT US?           |                   | l                |                           |                    |                   |                              | MONTHLY RE                  | NIT                       |
|  |                          |                   |                  |                           |                    |                   |                              | MONITEIRE                   | N I                       |
| EMBLOVMEN  | Г                        |                   |                  |                           |                    |                   |                              |                             |                           |
| EMPLOYMEN  | ı                        | G01/D11/H         |                  |                           | DIVO               | VE 10 11 00       |                              |                             |                           |
| OCCUPATION   |                          | COMPANY           |                  |                           | PHO                | NE NO. AND CO     | NTACT NAME                   |                             |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| HIRE DATE  | WEEKLY GROS              | CCALADV           | EMDI OV          | MENT (OTHER)              |                    |                   | DHONE NO                     | AND CONTACT                 | NAME                      |
| HIKE DATE  | WEEKLI OKOS              | 3 SALAK I         | EMIFLOT          | MENT (OTHER)              |                    |                   | FHONE NO. A                  | AND CONTACT                 | NAME                      |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| SCHOOL INFO  | RMATION (student a       | pplicants only)   |                  |                           |                    |                   |                              |                             |                           |
| COLLEGE/UNIV   | /ERSITY                  |                   | PROGRA           | M                         |                    |                   | YEAR                         | OF GRAD                     |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| FULL OR PART   | TIME?                    | SCHOOL            | ADDRESS          |                           |                    |                   | DECISTRAD'S                  | OFFICE PHONE I              | NO                        |
| FULL OK LAKT   | THVIE:                   | SCHOOL            | ADDRESS          |                           |                    |                   | REGISTRAR'S OFFICE PHONE NO. |                             | NO.                       |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| PERSONAL IN  | FORMATION                |                   |                  |                           |                    |                   |                              |                             |                           |
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|  | ER BEEN CONVICTE         | D OF A FELON      | IY? Y N          | N                         |                    |                   |                              |                             |                           |
| IF YES, PLEASE   | E EXPLAIN:               |                   |                  |                           |                    |                   |                              |                             |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| VEHICLE INE  | DDM A THOM               |                   |                  |                           |                    |                   |                              |                             |                           |
| YEAR   | MAKE                     | MOL               | ATT.             |                           | COLOR              |                   |                              | CTATE 0 DI A                | TE NO                     |
| YEAK   | MAKE                     | MOD               | EL               |                           | COLOR              |                   |                              | STATE & PLA                 | TE NO.                    |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| YEAR   | MAKE                     | MOL               | DEL              |                           | COLOR              |                   |                              | STATE & PLATE NO.           |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| CONTACT INF  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| IN CASE OF EM  | ERGENCY (CONTAC          | T NAME)           | COMPLETE A       | ADDRESS                   | RESS               |                   |                              | PHONE NO.                   |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| APARTMENT I  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| NAMES OF ALI   | CO-TENANTS (EAC          | H ADULT MU        | ST FILE A SEP    | ARATE APPLICA             | ATION)             |                   |                              |                             |                           |
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| ADADTMENT A  | DDRESS AND UNIT          | 4                 |                  | # OF BEDRO                | OOMS               | TOTAL NIIMD       | ER OF OCCUPAN                | тс                          |                           |
| AFAKTMENTA   | DDKESS AND UNIT          | #                 |                  | # OF BEDRO                | OOMS               | TOTAL NUMB        | ER OF OCCUPAN                | 13                          |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
| OCCUPANCY F  | A EEEG                   | TED A             | G OF LEAGE (     | MONTHIC)                  |                    | DENTE COLOR       | NOTATIVE DATE                | ,                           |                           |
| OCCUPANCY D  | PATES                    | IEKM              | IS OF LEASE (    | MONTHS)                   |                    | RENT COMME        | NCEMENT DATE                 |                             |                           |
| FROM   | TO                       |                   |                  |                           |                    |                   |                              |                             |                           |
|  | OMMENTS (FOR OF          | FICE USE ON       | LV)              |                           | PAYME              | NTS               | AMOU                         | NT DUE                      | DATE DUE                  |
|  | SIMILITY (I OR OI        | TICE COE OIL      | 21)              | BASE REN                  | T PER MO           |                   | \$                           | III DeL                     | DITTE DCE                 |
|  |                          |                   |                  | Brise Rei                 | VI I LICINO        |                   | Ψ                            |                             |                           |
|  |                          |                   |                  | LAST MO                   | NTH'S REN          | T                 | \$                           |                             |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
|  |                          |                   |                  | SECURITY                  | Y DEPOSIT          |                   | \$                           |                             |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             |                           |
|  |                          |                   |                  | DEPOSIT I                 | RECEIVED           |                   | \$                           |                             |                           |
|  |                          |                   |                  | DATANCE                   | DUE                |                   | 6                            |                             |                           |
| This is so1'   | tion form The1'          |                   | hot oll inf      | BALANCE                   |                    |                   | \$                           |                             | hound with the Y          |
| This is an application form. The applicant understands that all information will be verified and credit bureau reports completed, of which the contents will be shared with the Landlord. Until the Landlord has approved the application, no tenancy has been created and you have no rights to this apartment. The rental agent has no power to make any representations as to |                          |                   |                  |                           |                    |                   |                              |                             |                           |
|  |                          |                   |                  |                           |                    |                   |                              |                             | er. Any person signing on |
| whether of not th  | o application has been a | recebied of delli | ca by the Landio | ота. и астиси, <u>арр</u> | meant 8 SUR        | remedy shan be ti | c return or any dep          | osit maue nerednu           | ci. Any person signing on |

Until the Landlord has approved the application, no tenancy has been created and you have no rights to this apartment. The rental agent has no power to make any representations as to whether or not this application has been accepted or denied by the Landlord. If denied, applicant's sole remedy shall be the return of any deposit made hereunder. Any person signing o behalf of an applicant warrants and represents that said person has the authority to sign on behalf of such applicant. Any deposit hereunder shall be deemed made by such applicant regardless of whether the applicant personally signs or through a representative and such representative by signing in such capacity waives all rights to such deposit. The undersigned warrants and represents that all statements contained in this application are true, and recognized that the Landlord will execute a Lease in reliance upon the truthfulness thereof. Applicant agrees to execute a Standard Apartment Lease, as from time to time revised, and on the terms and conditions contained herein. Any deposit made by applicant, up to one month's rent, may be retained by Landlord as liquidated damages for failure of applicant to execute such Lease, make any payment hereunder, or if such Lease is terminated prior to occupancy for the untruth of any statement contained herein.

Applicant's Signature:

Date:

# Rental Application Rider

| Ado    | dress:  |  | Date:   |  |                     |  |
|--------|---|--|---|--|---------------------|--|
| 1.     | other prospective tenar<br>denied by the landlord   | nts while the landlord is<br>or if the applicant termi<br>thin 3 business days aft | nalf of the landlord. The proper<br>processing the application. The<br>nates this agreement in writing<br>er being accepted by the landlo | e deposit will be refunded i within 24 hours. The appl | f tenar<br>licant a |  |
| 2.     | PAYMENTS: Base rent and Other M   | onthly Charges are due   | and payable on the first day of   | the month in advance.                                  |                     |  |
| 3.     | FAIR HOUSING ACT: Pursuant to Massachusetts law, the Management shall not make any inquiries concerning the race, religious cree color, national origin, sex, age, (except if a minor), ancestry or marital status of the applicant, or concerning the that the applicant is a veteran or a member of the armed forces or is blind.   |  |   |  |                     |  |
| 4.     |   |  | essary to obtain an authorized<br>y lot without an authorized stick   |  | arning              |  |
| 5.     | <b>KEYS:</b> To help us guarantee security in your apartment and for your own protection, under no circumstances will we issue a key to any unauthorized person whose name is not on the lease. This will include all relatives, friends, etc.  |  |   |  |                     |  |
| 6.     | <b>RENTER'S INSURANCE:</b> Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, water damage or otherwise, unless caused by their negligence. At his/her discretion lessee may apply fo Renter's Insurance at his/her expense.   |  |   |  |                     |  |
| 7.     | SATELLITE DISHES:  No satellite dish installation is permitted to the building exterior, roof or other common area. Any satellite dish installed to the building exterior, roof or other common area (including exterior window sill) is subject to immediate removal by the Landlord and you will be held responsible for any damages to the premises and/or the building as a result of installation. |  |   |  |                     |  |
| 8.     | <b>DISCLOSURE:</b> In the event any law er pertaining to the tenand   |  | ests tenant information, the La   | ndlord will release all docui                          | mentat              |  |
| 9.     | • OCCUPANTS:  Minor only: The following is a list of people under the age of 18, who intend to occupy the Premises:   |  |   |  |                     |  |
|        | Minor's Name  | Age  | Minor's Name  | Age  |                     |  |
|        | Minor's Name  | Age  | Minor's Name  | Age  |                     |  |
| we h   | ave read, acknowledg  | e and understand th  | e above.  |  |                     |  |
| nlicar | nt's Signature  | <br>Date   | Applicant's Signature   | Date   |                     |  |

## Rental Verification Request

### **APPLICANT AUTHORIZATION TO RELEASE INFORMATION**

| I (PLEASE PRINT NAME)<br>on my application to furnish the information requ<br>parties, their officers, agents, and employees fror<br>requested information. |  | ase all third |
|---|--|---------------|
| Applicant's Signature:  | Date:  |               |
|   | FICE USE ONLY  | St Gill in    |
| The above-named has applied for an apartment with the information requested below that applies to ying 781.933.8679. If you have any questions, please      | you and return to the attention of Rental Office via | a fax at      |
| Employment Verification: Position:  |  |               |
| Is the employee full/part time, temporary/permar<br>Length of employment:<br>Salary: \$<br>Your name and title:   |  | _Weekly Gross |
|   |  |               |
| Student Verification:  Date of Graduation:  Graduate or undergraduate: (Please circle)  Program enrolled in:  Your name and position:                       |  |               |
| Present Landlord Reference:   |  |               |
| Tenant's address:  Dates of occupancy:  Amount of rent:  Would you re-rent to this tenant:  Any problems:   | as rent paid on time?                                |               |
| Your name and position:   |  | <del></del>   |
| Previous Landlord Reference:  |  |               |
| Tenant's address:   |  |               |
| Dates of occupancy: W Amount of rent: W Would you re-rent to this tenant: Any problems:   | as rent paid on time?                                |               |
| Your name and position:   |  |               |