

# Hall and Moskow

75 Water Street Newburyport  
978-465-7047 Fax: 978-465-2771

## Rental Application

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Last Name	First	Middle	Date of Birth
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Driver's License Number/State	Social Security Number
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Current Phone and/or Cell Phone Number	Email Address
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Last Name	First	Middle	Date of Birth
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Driver's License Number/State	Social Security Number
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Current Phone and/or Cell Phone Number	E mail address
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Do you have any pets? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Type? \_\_\_\_\_

### **RESIDENTIAL HISTORY:**

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Present Address	City	State	Zip Code
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How long at the above address?	Own/Rent	Monthly Payment?
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Name/Address of Current Landlord	Phone Number
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Previous Address/or (current address & landlord of second applicant)	Phone Number
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Name/Address of Previous Landlord	Phone Number
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I agree that all the information listed above is accurate (initials) \_\_\_\_\_

**EMPLOYMENT HISTORY** last two years (for both applicants)

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Employed By \_\_\_\_\_ Supervisors Name \_\_\_\_\_

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Address \_\_\_\_\_ Phone Number \_\_\_\_\_ How Long? \_\_\_\_\_

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Salary \_\_\_\_\_ Position Held \_\_\_\_\_ Are you looking for new employment? \_\_\_\_\_

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Previously Employed By (or current employer of second applicant) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

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Address \_\_\_\_\_ Phone Number \_\_\_\_\_ How Long? \_\_\_\_\_

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Salary \_\_\_\_\_ Position Held \_\_\_\_\_ Are you looking for new employment? \_\_\_\_\_

**\*\*\*If you need additional space use the back of this application\*\*\***

Additional income? \_\_\_\_\_

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Number of Vehicles \_\_\_\_\_ Type \_\_\_\_\_ Registration Number/State \_\_\_\_\_

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Type \_\_\_\_\_ Registration Number/State \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Date of Application:** \_\_\_\_\_

**Apartment Number:** \_\_\_\_\_

**Move in Date:** \_\_\_\_\_

Quoted Rent: \_\_\_\_\_

### **AUTHORIZATION TO RELEASE INFORMATION**

Applicant hereby authorizes verification of any and all information set forth on this application, including release of information by any bank, savings and loan, employer (present or former), landlord, and/or any other lender. All such information hereon, and released as authorized above, will be kept confidential. The applicant hereby authorizes the owner and/or renting agent to obtain a consumer credit report and/or investigate consumer credit report relating to the applicant/s. **APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND COMPLETE.** Material misrepresentation on this Application will constitute default under the lease or Rental Agreement between parties.

Pursuant to Massachusetts law the owner shall not make any inquiry concerning race, religion, color, natural origin, sexual orientation, age (except if a minor), ancestry, or marital status of the applicant or concerning the fact that the applicant is a veteran or a member of the armed forces, handicapped, or Section 8 housing.

**APPLICATION FEE:**----- Applicant has submitted the sum of \$25.00 which is a non-refundable payment for a credit check and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment or deposit amount. In the event this application is approved or disapproved, this sum will be retained by management to cover the cost of processing application as furnished by applicant/s. The Application must be signed before it can be processed by Management.

**GOOD FAITH DEPOSITS**---I hereby deposit \$ \_\_\_\_\_ with Management as a good faith deposit in connection with this rental application. If my application is accepted, I understand this deposit can be applied toward payment of my security deposit when I take possession of the apartment. If for any reason Management decides to decline my application, the Management will refund this good faith deposit to me in full. I understand that I can cancel this application by written notice within **72 hours** and receive a full refund of this good faith deposit within 30 days of cancellation. If I cancel after **72 hours** or refuse to occupy the premises on the agreed upon date, I understand that this good faith deposit will not be returned to me.

**I authorize Management to release my good faith deposit \$ \_\_\_\_\_ on apartment \_\_\_\_\_ and apply it towards a security deposit \$ \_\_\_\_\_. I agree that I will return to the leasing office within 72 hours of approval of this application to sign my lease agreement and all applicable lease addenda. I have read and understand the Statement of Rental Policy.**

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Applicant Signature

Date

Applicant Signature

Date

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Agent for Hall and Moskow

Date

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## EMPLOYMENT VERIFICATION FORM

We would appreciate your cooperation in providing us with the Employment Verification information for one of your employees named\_\_\_\_\_.

He/she has identified you as his/her employer. We would like your cooperation by verifying his/her employment. Please answer the questions below and return this information to us at your earliest convenience.

The individual listed above is employed: \_\_\_Currently \_\_\_ No longer \_\_\_ Never

Date of Hire:\_\_\_\_\_ Job Title: \_\_\_\_\_

\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary

Hours worked per week: \_\_\_\_\_

Salary: \$\_\_\_\_\_ Hourly \_\_\_\_\_ Weekly

Supervisor:\_\_\_\_\_ Phone:\_\_\_\_\_ Date\_\_\_\_\_

I hereby give my permission for the above named Employer to release information as requested.

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Employee

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Date

Phone: 978-465-7047

Fax: 978-465-2771

### LANDLORD VERIFICATION FORM

We would appreciate your cooperation in providing us with the Landlord's Verification information for one of your past/present residents named \_\_\_\_\_.

This information is required as part of our application process.

Thank you in advance for your time and cooperation.

Landlord's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

Rental Payment per Month: \_\_\_\_\_ Utilities included? \_\_\_ Yes \_\_\_ No

Length of Residency: \_\_\_\_\_ Payment History \_\_\_ On Time \_\_\_ Late

Would you rent to this applicant again? \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give permission for the above named Landlord to release information as requested.

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

Phone: 978-465-7047

Fax: 978-465-2771