



Owned and Operated by AIF Dartmouth
629 State Road
Dartmouth, Massachusetts 02747
(508) 990-7878

Rental Application

FOR OFFICE USE ONLY

DATE _____
PROPERTY _____
APT. NO. _____ RENT \$ _____
AGENT _____

Please complete all requested information on the front and back of this form. Thank you for your interest in our apartments.

Date of Application _____ Desired Date of Occupancy _____
Type and Size of Apartment Wanted (No. of Bedrooms, etc.) _____

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____ Date of Birth _____

Social Security No. _____ Driver's Lic. No. / State _____ E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

CO-APPLICANT'S FULL NAME _____ Date of Birth _____

Social Security No. _____ Driver's Lic. No. / State _____ Relationship _____

E-mail _____ Home Phone _____ Cell Phone _____

Full Names of All Other Residents:	Relationship to You	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

How Many Pets Do You or Other Occupants Own? _____

Kind of Pet, Breed, Weight and Age _____

How Did You Hear About Our Property? _____

RESIDENCE HISTORY

PRESENT ADDRESS _____

Present Telephone _____ Dates From _____ To _____

Present Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____

Dates From _____ To _____

Previous Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____ Gross Monthly Salary \$ _____

PREVIOUS EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____

CO-APPLICANT'S EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____ Gross Monthly Salary \$ _____

BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH _____ Telephone _____

Checking Acct. No. _____ Savings Acct. No. _____

Loan Acct. No. _____ Monthly Payment \$ _____

CREDIT REFERENCE _____ Telephone _____

Address _____ Account No. _____

CREDIT REFERENCE _____ Telephone _____

Address _____ Account No. _____

OTHER REFERENCE _____

Address _____

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____

Make/Model _____ Year _____ Color _____ Tag No./State _____

Make/Model _____ Year _____ Color _____ Tag No./State _____

Other Car, Motorcycle, etc. _____

Total Gross Monthly Household Income \$ _____

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____ Telephone _____

Amount \$ _____ Per _____ Source _____ Telephone _____

Comments: _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? ☐ Yes ☐ No

Been evicted or asked to move out? ☐ Yes ☐ No Broken a Rental Agreement or Lease? ☐ Yes ☐ No

Been sued for damage to rental property? ☐ Yes ☐ No Declared Bankruptcy? ☐ Yes ☐ No

In Case of Personal Emergency, Notify _____ Relationship _____

Address _____ Home Phone _____ Work Phone _____

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.

APPLICANT'S SIGNATURE _____

CO-APPLICANT _____

DATE SIGNED _____

FOR OFFICE USE ONLY — DO NOT WRITE BELOW

Date Application Received _____ Received By _____

REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord	
<input type="checkbox"/> Previous Landlord	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Previous Employ.	
<input type="checkbox"/> Co-Applicant Employ.	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Credit (1)	
<input type="checkbox"/> Credit (2)	
<input type="checkbox"/> Credit (3)	
<input type="checkbox"/> Other	

RECORD OF PAYMENTS RECEIVED		
Date	Description	Amount

THIS APPLICATION: ☐ Approved ☐ Not Approved

Date _____

By _____

Assigned to Apt. No. _____ Rent \$ _____

Apartment Address _____

Applicant Notified By _____

Anticipated Move-In Date _____