

Community Name: \_\_\_\_\_

SafeRent Transaction # \_\_\_\_\_

Apt. Applied for: \_\_\_\_\_

Leasing Assoc.: \_\_\_\_\_

**SAUELS ASSOCIATES**  
**RENTAL APPLICATION**  
 PLEASE COMPLETE ALL FIELDS FRONT & BACK  
 USE N/A IF NOT APPLICABLE



**APPLICANT INFORMATION- ONE APPLICATION PER ADULT APPLICANT**

APPLICANT'S NAME LAST	FIRST	M.I.	BIRTHDATE / /	LAST 4 DIGITS OF DRIV. LIC. & STATE	
EMAIL ADDRESS			CELL OR HOME PHONE NUMBER		
PRESENT ADDRESS	APT #	CITY	STATE	ZIP CODE	
HOW LONG AT THIS ADDRESS	RENT/OWN	LANDLORD/MORTGAGE CO.			
PREVIOUS ADDRESS	APT #	CITY	STATE	ZIP CODE	
HOW LONG AT THIS ADDRESS	RENT/OWN	LANDLORD/MORTGAGE CO.			
NAME OF PERSONS TO OCCUPY APARTMENT			RELATIONSHIP	DATE OF BIRTH	
_____			_____	_____	
_____			_____	_____	
_____			_____	_____	

**EMPLOYMENT**

PRESENT EMPLOYER	POSITION	PHONE NO	NO. OF YEARS	SALARY \$	PER
EMPLOYER ADDRESS	SUPERVISOR	CITY	STATE	ZIP CODE	
PREVIOUS EMPLOYER	POSITION	PHONE NO	NO. OF YEARS	SALARY \$	PER
PREVIOUS EMPLOYER ADDRESS	SUPERVISOR	CITY	STATE	ZIP CODE	

**OTHER SOURCES OF INCOME**

ADDITIONAL INCOME - DESCRIBE SOURCE AND HOW TO VERIFY	\$	PER
_____	_____	_____

**PERSONAL**

NO. OF VEHICLES TO BE PARKED ON COMMUNITY						
VEHICLES - MAKE / MODEL (1)		LICENSE NO.	COLOR		YEAR	
MAKE / MODEL (2)		LICENSE NO.	COLOR		YEAR	
IN CASE OF EMERGENCY, CONTACT:		RELATIONSHIP	ADDRESS		PHONE NO.	
NUMBER OF PETS	TYPE(S)/BREEDS	NAMES(S)	AGE(S)	WEIGHT(S)	COLOR(S)	DATE OF LAST RABIES VACCINATION(S)
_____	_____	_____	_____	_____	_____	_____

**HOW DID YOU HEAR ABOUT US?**

PRIMARY SOURCE	OTHER SOURCE
_____	_____
IF LOCATOR/ BROKER. PLEASE LIST NAME OF AGENT AND COMPANY	
_____	
IF RESIDENT. PLEASE LIST CURRENT RESIDENT'S NAME	
_____	

**MOISTURE AND MOLD**

MOISTURE ISSUES AND APPARENT MOLD GROWTH MAY HAVE BEEN DISCOVERED FROM TIME TO TIME WITHIN THE COMMON AREAS AND INDIVIDUAL APARTMENT UNITS WITHIN THIS PROPERTY. AS WITH ANY OTHER PROPERTY, THERE MAY BE MOISTURE AND MOLD ISSUES AT THIS PROPERTY IN THE FUTURE AND YOUR COOPERATION AND COORDINATION WITH THE MANAGEMENT COMPANY'S AND/OR OWNER'S INSPECTION PROCESS AND ANY NECESSARY AND APPROPRIATE CORRECTIVE ACTION MAY BE REQUIRED. SHOULD YOU HAVE ANY MAINTENANCE ISSUES REGARDING MOISTURE AND/OR MOLD GROWTH, YOU MUST PROMPTLY REPORT THEM TO THE MANAGEMENT COMPANY AND/OR OWNER SO THAT THEY CAN BE PROMPTLY ADDRESSED BY TRAINED PERSONNEL AND/OR SUITABLY QUALIFIED CONTRACTORS RETAINED BY MANAGEMENT AND/OR OWNER.

**RENTAL / CRIMINAL HISTORY**

SAMUELS & ASSOCIATES RESERVES THE RIGHT NOT TO LEASE TO ANY INDIVIDUAL WHO HAS BEEN EVICTED, BROKEN A PRIOR LEASE, DECLARED BANKRUPTCY, BEEN SUED FOR NON-PAYMENT OF RENT OR DAMAGE TO RENTAL PROPERTY, CONVICTED OF CERTAIN CRIMES, ARRESTED FOR CERTAIN CRIMES WHERE A TRIAL IS PENDING, OR WHO IS LISTED BY THE FBI AS A FUGITIVE OR A TERRORIST. TO DETERMINE APPLICANT'S ELIGIBILITY, PLEASE ANSWER THE FOLLOWING QUESTIONS:

HAS ANY APPLICANT EVER BEEN EVICTED OR ASKED TO MOVE OUT? YES \_\_\_ NO \_\_\_ BROKEN A RENTAL AGREEMENT OR LEASE? YES \_\_\_ NO \_\_\_ DECLARED BANKRUPTCY? YES \_\_\_ NO \_\_\_ BEEN SUED FOR NON-PAYMENT OF RENT OR FOR DAMAGE TO RENTAL PROPERTY? YES \_\_\_ NO \_\_\_

HAS ANY APPLICANT EVER BEEN CONVICTED OF A FELONY, ANY CRIME INVOLVING VIOLENCE, ANY CRIME INVOLVING DRUGS, DAMAGE TO PROPERTY, OR A SEXUAL OFFENSE? YES \_\_\_ NO \_\_\_ BEEN ARRESTED FOR ANY OF THE FOREGOING OFFENSES WHERE A TRIAL IS PENDING? YES \_\_\_ NO \_\_\_ IF "YES" IS MARKED FOR ANY RESPONSE. PLEASE PROVIDE FURTHER DETAILS ON THE REVERSE SIDE OF THIS APPLICATION (E.G., DATE OF CONVICTION AND TYPE OF OFFENSE). FURTHER INFORMATION MAY BE REQUIRED TO DETERMINE ELIGIBILITY FOR A RENTAL.

**CONSENT**

APPLICANT HEREBY CONSENTS TO ALLOW SAMUELS & ASSOCIATES, THROUGH ITS DESIGNATED AGENT AND EMPLOYEES, TO OBTAIN CREDIT INFORMATION, CRIMINAL HISTORY (INCLUDING A CONFIRMATION THAT THE APPLICANT IS NOT LISTED ON THE FBI'S "MOST WANTED FUGITIVES" AND "MOST WANTED TERRORISTS" LISTS) AND RELATED INFORMATION REGARDING THE APPLICANT FOR THE PURPOSE OF DETERMINING WHETHER OR NOT TO ENTER INTO AN APARTMENT LEASE WITH APPLICANT. APPLICANT UNDERSTANDS THAT, SHOULD APPLICANT LEASE AN APARTMENT, SAMUELS & ASSOCIATES AND ITS AGENT SHALL HAVE A CONTINUING RIGHT TO REVIEW APPLICANT'S CREDIT INFORMATION, RENTAL APPLICATION, PAYMENT HISTORY, OCCUPANCY HISTORY, CRIMINAL BACKGROUND HISTORY AND RELATED INFORMATION FOR ACCOUNT REVIEW PURPOSES AND FOR IMPROVING APPLICATION METHODS. APPLICANT UNDERSTANDS THAT PROVIDING FALSE, FRAUDULENT OR MISLEADING INFORMATION IS GROUNDS FOR DENIAL OF RESIDENCY OR TERMINATION OF APPLICANT'S RIGHT OF OCCUPANCY.

**ACKNOWLEDGEMENT**

WHILE MANAGEMENT'S POLICY IS TO OBTAIN A STANDARD CRIMINAL BACKGROUND CHECK, PERFORMED BY A NATIONAL SCREENING COMPANY, ON ALL APPLICANTS, MANAGEMENT CANNOT GUARANTEE THAT A BACKGROUND CHECK HAS BEEN PERFORMED ON ALL RESIDENTS. NOR IS MANAGEMENT ABLE TO GUARANTEE THE ACCURACY OR COMPLETENESS OF THE INFORMATION OBTAINED FROM THE SCREENING COMPANY OR THAT THE LACK OF A CRIMINAL RECORD GUARANTEES THE SAFETY OF ALL RESIDENTS. APPLICANT UNDERSTANDS THAT THE MANAGEMENT COMPANY AND OWNER ARE RELYING ON THE INFORMATION IN THIS APPLICATION AND ITS ACCURACY. THE LEASE MAY BE CANCELED IF THE APPLICANT HAS MADE ANY MISLEADING OR FALSE STATEMENTS IN THIS APPLICATION.

**TO BE FILLED IN BY MANAGEMENT (PROVISIONS STATED IN LEASE SHALL CONTROL)**

CONTEMPLATED MONTHLY CHARGES		CONTEMPLATED MOVE IN DEPOSITS, RENTS AND FEES	
(DUE THE 1ST OF EACH MONTH)		(DUE AT TIME OF APPLICATION OR MOVE IN)	
BASE RENT	\$ _____	REFUNDABLE SECURITY DEPOSIT	\$ _____
PET RENT	\$ _____	ADDITIONAL REFUNDABLE SECURITY DEPOSIT	\$0.00
OTHER RENT	\$ _____	REFUNDABLE PET DEPOSIT	\$0.00
OTHER _____	\$ _____	NON-REFUNDABLE PET SANITATION FEE	\$0.00
OTHER _____	\$ _____	APPLICATION FEE	\$0.00
		NON-REFUNDABLE MOVE IN FEE	\$0.00
CONCESSIONS GIVEN		NON-REFUNDABLE AMENITY MEMBERSHIP CHARGE	\$500.00
ONE-TIME / UPFRONT	\$ _____	OTHER _____	\$ _____
MONTHLY	\$ _____	OTHER _____	\$ _____
TOTAL DUE		TOTAL DEPOSITS DUE	\$ _____
MONTHLY*	\$ _____	TOTAL RENTS / FEES DUE	\$ _____
LEASE DATES: BEGIN _____ END _____		PRO-RATED RENT DUE BY MOVE IN DATE	\$ _____
LESSOR ACKNOWLEDGES RECEIPT OF CHECK # _____ AND / OR MONEY ORDER # _____ ON (DATE) _____			\$ _____
TOTAL REMAINING BALANCE (RENT, DEPOSITS, AND/OR FEES) DUE ON OR BEFORE MOVE IN DATE			\$ _____

APPLICANT FURTHER UNDERSTANDS THAT MANAGEMENT WILL ADHERE TO RELEVANT STATE LAWS IN CONNECTION WITH ALL SECURITY DEPOSITS. MOVE-IN FEE AND/OR COMMON AREA AMENITY RENT MAY BE REFUNDABLE IF THE APPLICATION IS REJECTED BY MANAGEMENT; AND PET SANITATION MAY BE REFUNDABLE IF APPLICANT DOES NOT TAKE POSSESSION OF THE RENTAL UNIT. APPLICANT UNDERSTANDS THAT ANY CHANGES TO THE LEASE TERM, MOVE IN DATE, OR APARTMENT HOME SELECTED IS LIKELY TO RESULT IN AN ADJUSTMENT TO THE RENTAL RATE, DEPOSIT, AND/OR FEES REQUIRED.

\* IN ADDITION, APPLICANT UNDERSTANDS THAT PAYMENT OF THE FOLLOWING UTILITIES IS THE SOLE RESPONSIBILITY OF THE RESIDENT:  ELECTRIC,  GAS,  CABLE / INTERNET,  TELEPHONE,  WATER/SEWER,  TRASH

**APPROVALS**

DATE PROCESSED \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ APPROVED WITH ADDITIONAL DEPOSIT \_\_\_\_\_ APPROVED W/GUARANTOR \_\_\_\_\_  
 APPLICANT NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**SIGNATURE OF APPLICANT**

X \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF SAMUELS & ASSOCIATES AGENT**

X \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY. GOVERNMENT ISSUED ID VERIFIED (FOR INDIVIDUALS PRESENT AT THE SITE ONLY)**

NAME \_\_\_\_\_ ID TYPE \_\_\_\_\_ LAST 4 DIGITS OF ID # \_\_\_\_\_

**SAMUELS ASSOCIATES**

**Community:** Fenway Triangle Trilogy

**Apartment:**

**Date:**

Your Social Security Number will be used solely during the application process. In order to complete the application process, please provide your name as well as your Social Security Number below:

**Applicant #1**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Applicant #2**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Applicant #3**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Applicant #4**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Applicant #5**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

***This document will be destroyed once the application process has been completed.***