

# Kilem Management Rental Application

Date: \_\_\_\_\_ Number: \_\_\_\_\_

**Base rent and other monthly charges are due and payable on the first day of each month in advance.**

NAME OF APPLICANT HOME PHONE INITIAL IF OVER 18 YEARS OF AGE

PRESENT ADDRESS DATES OF CURRENT OCCUPANCY FROM TO

CITY STATE ZIP AUTOMOBILE MAKE/YEAR/REG. STATE AND # SS#

PRESENT LANDLORD COMPLETE ADDRESS PHONE NUMBER

FORMER LANDLORD OCCUPANCY COMPLETE ADDRESS PHONE NUMBER

CURRENT EMPLOYER COMPLETE ADDRESS PHONE NUMBER

OCCUPATION/SOURCE OF INCOME TYPE OF BUSINESS SALARY LENGTH OF EMPLOYMENT

FORMER EMPLOYER LENGTH OF EMPLOYMENT COMPLETE ADDRESS PHONE NUMBER

PERSONAL REFERENCE (NAME) COMPLETE ADDRESS PHONE NUMBER

IN CASE OF EMERGENCY NOTIFY (NAME) COMPLETE ADDRESS PHONE NUMBER

CREDIT REFERENCE COMPLETE ADDRESS PHONE NUMBER

BANK – CHECKING ACCOUNT BRANCH ADDRESS ACCOUNT NUMBER

BANK – SAVINGS ACCOUNT BRANCH ADDRESS ACCOUNT NUMBER

NAME OF ALL CO-TENANTS (EACH ADULT MUST FILL OUT A SEPARATE APPLICATION)

APARTMENT #/TYPE TOTAL # OF OCCUPANTS # OF ADULTS # OF PETS

ADDRESS NAMES AND AGES OF MINOR CHILDREN

CITY OCCUPANCY DATE BASE RENT/MONTH RENT BEGINS

TERMS OF LEASE (MONTHS) FROM (DATE) TO (DATE) LAST MONTH'S RENT SECURITY DEP.

DEPOSIT ON ACCOUNT BALANCE DUE UPON ACCEPTANCE KEY/LOCK

OTHER MONTHLY CHARGES:

**ARE YOU A CONVICTED FELON? (Y/N)** \_\_\_\_\_ *IF YES, PLEASE SUBMIT DETAIL OF CONVICTION(S).*

Pursuant to Massachusetts' law, the Management shall not make any inquiry concerning race, religion, color, national origin, sex, 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 or is handicapped. The Applicant authorizes the Management and/or renting agent to obtain or cause to be prepared a consumer credit report relating to the Applicant. Neither the Owner nor the Management is responsible for the loss of personal belongings cause by theft, fire, smoke, water or otherwise unless caused by their negligence.

THIS APPLICATION MUST BE ACTED UPON BY THE OWNER BY: \_\_\_\_\_

RENTING AGENT \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_