



DATE _____

NAME OF APPLICANT SOCIAL SECURITY # & LICENSE # DATE OF BIRTH

PRESENT ADDRESS DATES OF CURRENT OCCUPANCY: FROM TO

CITY STATE ZIP CODE CELL PHONE #

PRESENT LANDLORD OCCUPANY DATES COMPLETE ADDRESS PHONE NUMBER

FORMER LANDLORD OCCUPANY DATES COMPLETE ADDRESS PHONE NUMBER

CURRENT EMPLOYER DATES COMPLETE ADDRESS PHONE NUMBER

OCCUPATION TYPE OF BUISNESS SALARY LENGTH OF EMPLOYMENT

FORMER EMPLOYER DATES COMPLETE ADDRESS PHONE NUMBER

PERSONAL REFERENCE (NAME) COMPLETE ADDRESS PHONE NUMBER

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

CREDIT REFERENCE CREDIT CARD # COMPLETE ADDRESS PHONE NUMBER

NAMES OF ALL CO-TENANTS (EACH ADULT MUT FILE A SEPARATE APPLI.CATION)

APARTMENT NUMBER TOTAL NO. OF OCCUPANTS NO. OF ADULTS NO. OF CHILDREN

ADDRESS NAMES & AGES OF MINOR CHILDREN

Are you a convicted felon? YES / NO Are you a registered sex offender? YES / NO If YES to either, please submit details of conviction(s).

Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, water, or otherwise, unless by their negligence

Base rent is due on the first day of each month in advance. In pursuance with Massachusetts law, no inquiry regarding race, religion, national origin, ancestry, sex, sexual orientation, age (unless if a minor), marital status, handicap, current armed forces or veteran status will be conducted. The applicant authorizes Leeder Management to obtain a consumer credit report and to conduct a criminal background check of the applicant. Neither the management nor the owner is responsible for the destruction or loss of personal items due to fire, smoke, water, or theft, unless caused by their negligence. The applicant verifies that all rental application statements are true and agrees to execute Lease or Tenancy at Will agreement, which the undersigned has had opportunity to examine, and which may be terminated by the Lessor if any information provided within this document is false. Leeder Management Co. LLC | P.O. Box 369 | Brookline, Ma 02446 | p: 617.232.8700 | f: 617.232.8701

Signature..... Date.....

FOR ADMINISTRATOR USE ONLY

First month's rent	Property Code
Last month's rent:	Apartment #
Security deposit:	Base Rent
Key Deposit	Occupancy date
Other Deposit	Rent Begins
Balance due upon acceptance	Amount Paid/Check #

** SUBJECT TO OWNERS APPROVAL **