

One Holyoke CDC  
70 Lyman St, Holyoke MA 01040

**RENTAL APPLICATION**

APPLICANT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOW LONG AT ABOVE ADDRESS: \_\_\_\_\_ Rent Amount: \_\_\_\_\_ Rent Subsidized: \_\_\_\_\_

Section 8 \_\_\_\_\_ Other Subsidy: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**PERSONS TO OCCUPY RESIDENCE (INCLUDING APPLICANT)**

Name	Relationship to Applicant	Age	Present Employer	Current Weekly or Monthly Wage

**Total Number of Persons to Occupy Residence:** \_\_\_\_\_

**LIST PRESENT AND PAST EMPLOYERS FOR AT LEAST 5 YEARS – 1<sup>st</sup> APPLICANT**

COMPANY NAME:	IMMEDIATE SUPERVISOR	FROM	TO
ADDRESS:			
PRESENT EMPLOYER:			
PAST EMPLOYERS:			

**LIST PRESENT AND PAST EMPLOYERS FOR AT LEAST 5 YEARS – 2<sup>nd</sup> APPLICANT**  
**(PERSONS OVER THE AGE OF 18)**

COMPANY NAME:	IMMEDIATE SUPERVISOR	FROM	TO
ADDRESS:			
PRESENT EMPLOYER:			
PAST EMPLOYERS:			

1<sup>ST</sup> APPLICANT'S DATE OF BIRTH: \_\_\_\_\_ 2<sup>nd</sup> APPLICANT'S DATE OF BIRTH: \_\_\_\_\_

APPLICANT'S SOCIAL SECURITY #: \_\_\_\_\_ 2<sup>nd</sup> APPLICANT'S SOC. SECURITY #: \_\_\_\_\_

**LIST ADDRESSES FOR LAST FIVE (5) YEAR PERIOD – 1<sup>ST</sup> APPLICANT**

PRESENT ADDRESS	FROM	TO	LANDLORD'S NAME	LANDLORD'S ADDRESS CITY, STATE, ZIP
1.				
PAST ADDRESSES:				
1.				
2.				

Have you ever been evicted from the above addresses: \_\_\_\_\_

If yes, Explain: \_\_\_\_\_

**LIST ADDRESSES FOR LAST FIVE (5) YEAR PERIOD – 2<sup>ND</sup> APPLICANT**

PRESENT ADDRESS	FROM	TO	LANDLORD'S NAME	LANDLORD'S ADDRESS CITY, STATE, ZIP
1.				
PAST ADDRESSES:				
1.				
2.				

Have you ever been evicted from the above addresses: \_\_\_\_\_

If yes, Explain: \_\_\_\_\_

**List All Open and recently Paid Credit Cards**

Name of Company	Total Amount Due	Amt Monthly or Weekly Payments	Is this account Current

**LIST ALL SAVINGS AND CHECKING INFORMATION**

Name of Bank	Type of Account	Date Account Was Opened	Account Balance

I hereby authorize investigation of all statements contained in this application, and I specifically authorize any credit report service, employers, landlord/tenant service and personal references disclose any information about me. I also authorize the sharing of any and all information obtained, in connection with my application with any participating lender bank and/or government lending institution. I further understand that misrepresentation or omission of facts called for is cause for denial of this application.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of 1<sup>st</sup> Applicant

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Applicant