



70 LYMAN STREET – HOLYOKE, MA 01040

RENTAL APPLICATION

APPLICANT(S): _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE # _____ EMAIL: _____

HOW LONG AT ABOVE ADDRESS: _____ RENT AMOUNT: \$ _____ RENT SUBSIDIZED: _____

SECTION 8: _____ OTHER SUBSIDY: _____

PERSON(S) TO OCCUPY RESIDENCE (INCLUDING APPLICANT)

NAME	RELATIONSHIP TO APPLICANT	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PRESENT EMPLOYER	WEEKLY OR MONTHLY WAGE

TOTAL NUMBER OF PEOPLE TO OCCUPY RESIDENCE: _____

HOW MANY BEDROOMS DO YOU WANT: _____

LIST PRESENT AND PAST EMPLOYERS FOR THE LAST 5 YEARS

1ST APPLICANT

COMPANY NAME	ADDRESS	IMMEDIATE SUPERVISOR	FROM	TO
PRESENT:				
PAST:				

2ND APPLICANT

PRESENT:				
PAST:				

LIST ADDRESSES FOR LAST FIVE (5) YEARS

1ST APPLICANT

PRESENT:				
PAST:				

2ND APPLICANT

PRESENT:				
PAST:				

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND I SPECIFICALLY AUTHORIZE ANY CREDIT REPORT SERVICES, EMPLOYERS, LANDLORDS/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 AND/OR GOVERNMENT LENDING INSTITUTION. I FURTHER UNDERSTAND THAT MISINTERPRETATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DENIAL OF THIS APPLICATION.

1ST APPLICANT SIGNATURE: _____ **DATE:** _____

2ND APPLICANT SIGNATURE: _____ **DATE:** _____

3RD APPLICANT SIGNATURE: _____ **DATE:** _____

4TH APPLICANT SIGNATURE: _____ **DATE:** _____