

Additional persons who will reside in Apt - Name

Relationship

Size of Apt.	Occupancy Date	Driver's License	State
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Auto(s):	Year	Make	Model	Color	License Plate #	State
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Describe any pets you wish to occupy the apartment.

_____ Newspaper	_____ For Rent Guide	_____ Referral	_____ Other
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How did you hear about us? (which one)

In case of emergency notify- Name	Address	Relationship	(____) _____ Telephone #
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The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Lease Agreement in the usual form and on the terms and conditions herein stated, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Deposit is to be applied on rent and retained as liquidated damages, except it is to be refunded if said application is not accepted by the owner. This application and deposit are taken subject to previous applications.

I hereby apply for the apartment listed above. With my signature below, I request all credit reporting services, employers, landlord and personal references to disclose any pertinent information about me.

For purposes of clerical necessity this application shall be valid for 3 months from the date the completed application is received in our office. If you continue to seek an apartment with us when this application has expired you must submit a newly completed application.

SIGNATURE _____ DATE _____

Thank you for applying with us. We hope to Welcome you to our community soon.

FOR OFFICE USE ONLY

APT # _____

Co-Resident _____ Move In Date _____

Date Application Received _____ Time _____ Received by _____

<p>Reference Verification</p> <p>___ Present Address ___ Employment</p> <p>___ Previous Address ___ Credit</p> <p>___ Photo ID Checked</p>	<p>Application</p> <p>___ Approved</p> <p>___ Not Approved</p> <p>___ Rejection Letter Sent</p>
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Initials _____ Date _____

Please bring or mail the completed application to the rental office at
Ashley Arms Apartments, 131 Ashley Ave, W. Springfield, MA 01089