

RENTAL CREDIT APPLICATION

Date: \_\_\_\_\_ **ASHLEY ARMS SUTTON PLACE APARTMENTS**  
(Subject to Landlord's Approval)

**THIS APPLICATION WILL BE CONSIDERED ONLY IF IT IS COMPLETELY FILLED OUT WITH NO BLANK SPACES. WRITE "NONE" OR "NOT AVAILABLE" IF THAT IS THE ANSWER. EACH ADULT (OVER THE AGE OF 18) WHO WILL LIVE IN THE APARTMENT MUST FILL OUT AN APPLICATION.**

**Applicant Information**

First Name:		M.I.:	Last Name:	
Date of birth:	SSN:		Phone: (    )	
Current address:			Email:	
City:	State:		ZIP Code:	
Please Check:    Own            Renting		Monthly Rent: \$		How long?
Landlord Name:			Address:	
Reason for Leaving:			Landlord Phone: (    )	
Previous address:				
City:	State:		ZIP Code:	
Please Check:    Owned            Rented		Monthly Rent: \$		How long?
Landlord Name:			Address:	
Reason for Leaving:			Landlord Phone: (    )	

**Employment Information**

Current employer:				
Employer address:		Phone: (    )		How long?
City:	State:		ZIP Code:	
Occupation:			Weekly Take Home:	
Source of Additional Income:			Amount of Income:	
Former employer:		Phone: (    )		How long?
Former employer address:				
City:	State:		ZIP Code:	

**Emergency Contact** (Someone who will not be living in the apartment with you)

Name:				
Address:				
City:	State:	ZIP Code:	Phone: (    )	
Relationship:			Email:	

**Automobile Information**

Year:	Make:	Model:		
Color:	License Plate:	State:		
Drivers License #:		State of Issue:		

**How Did You Hear About Us**

Please Check:    Internet    Referral    Other		Please Specify Source:
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**Describe Any Pet(s) You Wish to Occupy Apartment**

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**Eviction/Criminal History**

Have you ever broken a lease or been evicted from any type of housing? Check: Yes No

If yes, please explain:

Have you or any proposed occupant ever been convicted of a crime? Check: Yes If No

yes, please explain:

**Apartment Information***\*Anyone 18 or older must fill out a separate application*

Size of Apartment:

Occupancy Date:

Additional Person:

D.O.B:

Relationship:

Additional Person:

D.O.B:

Relationship:

Additional Person:

D.O.B:

Relationship:

**Personal Reference**

Name:

Phone #: ( )

Address:

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 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 to the staff at Ashley Arms & Sutton Place Apartments.

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 \_\_\_\_\_

PRINT NAME \_\_\_\_\_

*Thank you for applying with us. We hope to welcome you to our community soon!****For Office Use Only***

APT # \_\_\_\_\_

Co-resident Name: \_\_\_\_\_ Move In Date: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_

## Reference Verification

## Application

\_\_\_ Present Address \_\_\_ Employment

\_\_\_ Approved

\_\_\_ Previous Address \_\_\_ Credit

\_\_\_ Not Approved

\_\_\_ Photo ID Checked

\_\_\_ Rejection Letter Sent

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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