RENTAL CREDIT APPLICATION

\mathbf{D}		
I Date.		
Date:		

LAKEWOOD VILLAGE APARTMENTS

(Subject to Landlord's Approval)

THIS APPLICATION WILL BE CONISERED 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 N	ame:			
Date of birth:		SSN:						Phon	e: ()
Current address:					Er	mail:			
City:			State:					ZIP C	ode:
Please Check: Own	Please Check: Own Renting Monthly				y Rent: \$				How long?
Landlord Name: Address:									
Reason for Leaving:					Landlord Phone: (Phone: ()	
Previous address:									
City:	City:			State:				ZIP C	ode:
Please Check: Owner	d F	Rented		Monthly	/ Rent: S	\$			How long?
Landlord Name:						Addre	ess:		
Reason for Leaving:								Landlord F	Phone: ()
Employment Info	rmation								
Current employer:									
Employer address:				Ph	ione: ()			How long?
City:		State:	State:				ZIP Code:		
Occupation:	Occupation: Weekly Take Home:						ake Home:		
Source of Additional Income: Amount of Income:									
Former employer:			Ph	Phone: ()				How long?	
Former employer addres	ss:								
City: State:					ZIP Code:				
Emergency Contact (Someone who will not be living in the apartment with you)									
Name:									
Address:									
City:	State:			ZII	ZIP Code: Phone			Phone:	()
Relationship: Email:									
Automobile Information									
Year:	Make:				Model:				
Color:	License P	late:				State:			
Drivers License #: State of Issue:									
How Did You Hear About Us									
Please Check: Internet	Referra			ase Spec		e:			
Describe Any Pet(s) You Wish to Occupy Apartment									

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						
Size of Apartment:						
Additional Occupant:	Relationship:					
Additional Occupant:	Relationship:					
Additional Occupant:	Relationship:					
Personal Reference						
Name:	Phone #: ()					
Address:						
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 Lakewood Village 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	e Use Only APT #					
Co-resident Name:	Move In Date:					
Date Application Received: Time:	Received By:					
Reference Verification Appl	Application					
Present Address Employment	Employment Approved					
	Not Approved					
Photo ID Checked Rejection Letter Sent						

Please bring or mail the completed application to the rental office at: Lakewood Village Apartments, 160 Point Grove Rd, Southwick, MA 01077

Date: _____