

# Nantucket

## APPLICATION FOR RENTAL

**Notice: All adult applicants (18 years or older) must complete a separate application for rental.**

The undersigned hereby makes application to rent \_\_\_\_\_, located at \_\_\_\_\_, beginning on \_\_\_\_\_, for a term of \_\_\_\_\_, at a monthly rent of \$\_\_\_\_\_.

Non-Refundable Application Fee: **\$30.00** Concession Offered: \_\_\_\_\_

APPLICANT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE ( )	WORK PHONE ( )	CELL PHONE ( )	EMAIL
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING			
OTHER OCCUPANTS				
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER				
LIST NAMES AND BIRTH DATES OF ALL DEPENDANTS 18 YEARS OR YOUNGER				
PETS & LIQUID-FILLED FURNITURE				
PETS?	1. PET TYPE	BREED	COLOR	NAME
	AGE	WEIGHT	LAST RABIES SHOT DATE	DATE SPAYED/NEUTERED
	2. PET TYPE	BREED	COLOR	NAME
	AGE	WEIGHT	LAST RABIES SHOT DATE	DATE SPAYED/NEUTERED
LIQUID-FILLED FURN.?	DESCRIBE			
EMPLOYMENT & INCOME INFORMATION				
1. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ( )	START DATE	END DATE (if applicable)
2. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ( )	START DATE	END DATE (if applicable)
1. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
EMERGENCY CONTACT				
1. NAME	ADDRESS		PHONE ( )	RELATIONSHIP
2. NAME	ADDRESS		PHONE ( )	RELATIONSHIP



PERSONAL REFERENCES			
1. NAME	ADDRESS	PHONE ( )	RELATIONSHIP
2. NAME	ADDRESS	PHONE ( )	RELATIONSHIP

BACKGROUND INFORMATION		
HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?
	Been evicted from tenancy?	Been convicted of a crime? If yes, when?
	Have you or anyone in your household ever been required to register as a sex offender?	

VEHICLE INFORMATION			
1. MAKE & MODEL	COLOR	YEAR	LICENSE NO. & STATE
2. MAKE & MODEL	COLOR	YEAR	LICENSE NO. & STATE
OTHER VEHICLES			

OTHER INFORMATION
Do you smoke?
PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the 1st day of each month in advance. I warrant that all statements above set forth are true.

I understand that I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of \$\_\_\_\_\_. Upon approval of tenancy and the signing of an apartment rental agreement, this fee will be credited against my security deposit. In consideration for Landlord holding said apartment at Nantucket, I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for tenancy is not accepted, holding fee shall be returned to applicant.

I hereby give my permission to communicate with my current and former landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current or former tenancy, as well as the other information listed above. I also give my permission to communicate with my current employer(s) and/or supervisor(s) for the purpose of verifying the employment information listed above. I understand there are no limitations or restrictions regarding what may be discussed or revealed. I am aware that a credit history, eviction search and criminal background check will be done in conjunction with my application. I understand that I may have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

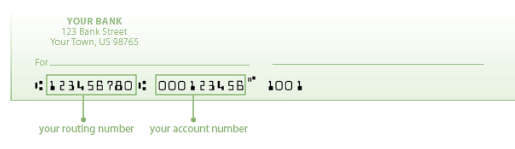
\_\_\_\_\_  
(Signed/Applicant) Date (Signed/Spouse) Date

BILLING INFORMATION FOR APPLICATION FEE			
CARD TYPE			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS			
NAME ON CARD	CARD NUMBER	EXPIRATION DATE /	
BILLING ADDRESS	CITY	STATE	ZIP CODE

My signature below authorizes ON-SITE MANAGER, INC. (OSM), a credit screening company, to conduct a background check, including obtaining a consumer credit report. I understand that OSM will charge the above credit card for this service \$30.00 per applicant. I agree to pay for this charge according to the terms of my CardHolder Agreement.

\_\_\_\_\_  
(Card Holder) Date



BANK INFORMATION FOR APPLICATION FEE (if NOT paying by credit card)	
ROUTING NUMBER	
ACCOUNT NUMBER	
<input type="checkbox"/> Pay my application fee of \$30.00 to ON-SITE MANAGER, INC. (OSM) using my bank account.	
My signature below authorizes ON-SITE MANAGER, INC. (OSM), a credit screening company, to conduct a background check, including obtaining a consumer credit report. I authorize OSM for a one-time electronic payment using the account above.	
_____	_____
<i>(Signature)</i>	<i>Date</i>

