ROXBURY MANAGEMENT COMPANY RENTAL APPLICATION

| Complex: | | |
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|------------|------------|----------|-----------|---------|-------|----------|-------|-------|---------|
| \ \ | narate anr | Mication | reallired | trom | each | annlican | 1 മനമ | IX Of | · Alder |
| Ju | parate app | meanon | required | 11 0111 | Cacii | applican | ı agc | 10 01 | Oluci |

Please print & complete all fields

| Applicant's Name (First, Middle, Last | | Date of Birth | | Social S | Security No. | Driver's License #/State | |
|---|---|----------------------|---------|---------------|--------------|--------------------------|--|
| Home Phone | Cell Pho | one | Е | Email Address | | | |
| NUMBER OF PERSONS TO (| NUMBER OF PERSONS TO OCCUPY APARTMENT: List all, including minor children, who will live with you | | | | | | |
| Name | | Birthdate | | Age | Sex | Relationship | |
| | | | | | | _ | |
| Name | | Birthdate | | Age | Sex | Relationship | |
| Name | | Birthdate | | Age | Sex | Relationship | |
| PETS - Keeping of pets require | s owner's co | onsent & deposit | | | | | |
| Do you have any pets/animals? | | | t type | and ann | roximate wei | ight? | |
| 20 Journal Penjaminis. | | = 1.0 II Jes, wha | . cy pc | աստ արբ | | - - | |
| | | | | | | | |
| DENMAI HIGHORY S | . 11 | | | | | | |
| RENTAL HISTORY: Please li | | | | · · · | | | |
| | Current Res | idence | Previo | ous Resid | ence | Previous Residence | |
| Street Address | | | | | | | |
| City/State/Zip | | | | | | | |
| Dates of Occupancy | | | | | | | |
| Name of Owner/Manager | | | | | | | |
| Telephone of Owner/Manager | | | | | | | |
| Reason for Leaving | | | | | | | |
| Last Rent Paid | | | | | | | |
| | | | | | | | |
| EMPLOYMENT HISTORY: | | employers for the pa | st 5 ye | ears | | | |
| Curre | nt | | | | Former | | |
| Employer | | | | | | | |
| Name of Supervisor | | | | | | | |
| Employer Phone | | | | | | | |
| Address | | | | | | | |
| Job Title | | | | | | | |
| Dates of Employment | | | | | | | |
| Gross Monthly Income | | | | | | | |
| | | | | | | | |
| PERSONAL REFERENCES: | | | | | | | |
| Emergency Contact (Name) | Addre | ess/City | | Telepho | one | Relationship | |
| | | | | | | | |
| Other Personal Reference | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ADDITIONAL INCOME: | | | | | | | |
| Source/Description | Gross Amount Fr | | Frequ | equency | | Duration | |
| 2 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| OTHER MAJOR FINANCIAL OBLIGATIONS: | | | | | | | |
| | | | East 11 | | | Dungtion | |
| Description | Amount F | | rrequ | requency | | Duration | |
| | | | | | | | |
| | | | | | | | |

RENTAL APPLICATION (continued)

| VEHICLE INFORMATION: | | | | | | | |
|--|------------------|-----------------------|------------------|--------------|--|--|--|
| Make/Model | Year Color | | License / | State | | | |
| Make/Model | Tear | Year Color | | State | | | |
| | | | | | | | |
| | | | | | | | |
| BANK ACCOUNTS: | T | | | | | | |
| Bank Name | Account Type | , | Account Number | count Number | | | |
| | | | | | | | |
| | | | | | | | |
| ADDITIONAL INFORMATION (Check ans | wer that applies | s): | | | | | |
| Do you (or anyone living with you) sm | □ YES | □NO | | | | | |
| Have you ever filed for bankruptcy? | | | □ YES | □ NO | | | |
| Do you have any musical instruments? | • • | | | | | | |
| Do you have any water-filled furniture | | to use in the apartme | □ YES ent? □ YES | □ NO | | | |
| Have you ever been convicted of selling | | | | | | | |
| manufacturing illegal drugs, or were | | _ | ☐ YES | □ NO | | | |
| Have you ever been evicted or named a | - | - | | | | | |
| non-payment of rent or for any other | r reason? | | ☐ YES | □ NO | | | |
| Do you know of anything which may in | y rent? | □ NO | | | | | |
| If you answered YES to any of the above, please | explain: | | | | | | |
| Applicant hereby applies to rent/lease Apartment # at | | | | | | | |
| Applicant Signature: | | Da | nte: | | | | |
| | | | | _ | | | |
| OFFICE USE: □ ACCEPTED | | _ | | | | | |
| ☐ ACCEPTED BUT SEE CONDITION | | | | | | | |
| ☐ REFUSED: REASON(S) | | | | | | | |

