

**Nick's Realty Trust**  
**PRINTABLE RENTAL APPLICATION**

DATE \_\_\_\_\_

Rental is subject to Owner's approval and verification of the information below

**A. Applicant Information**

1. Applicant Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_
4. Social Security Number \_\_\_\_\_
5. EMAIL Address Home \_\_\_\_\_ Work \_\_\_\_\_

**B. Occupants**

6. How many occupants of Rented Premises will there be? \_\_\_\_\_

**C. Applicant's Rental History**

7. Length of Time at Current Address (in item A) \_\_\_\_\_
8. Name of Present Landlord \_\_\_\_\_ Telephone \_\_\_\_\_
9. Previous Address \_\_\_\_\_
10. Length of Time at Previous Address \_\_\_\_\_
11. Previous Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

**D. Applicant's Employment/Financial Background**

12. Current Occupation \_\_\_\_\_ Length of Time in Position \_\_\_\_\_
13. Employer's Name & Address \_\_\_\_\_
14. Employer Contact Name & Telephone \_\_\_\_\_
15. Current Salary \_\_\_\_\_
16. Educational Background (if applicable) \_\_\_\_\_
17. Name & Address of Your Bank \_\_\_\_\_
18. Checking Acct. No. \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_
19. Other Sources of Income \_\_\_\_\_
20. Other References \_\_\_\_\_

**E. Applicant's Vehicles**

20. Number of Vehicles to be Parked at Rented Premises \_\_\_\_\_

21. Description of All Vehicles:

Make/Model	Year	Color	State	License Plate #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**F. Miscellaneous**

22. Do you have a pet? Yes No

23. Have You Ever

A. been evicted? Yes No

B. failed to timely pay rent? Yes No

C. filed for bankruptcy? Yes No

Please explain below if you checked "Yes" for any items in 23. above:

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**G. Size of Apartment Interested In**

24. Studio  One Bedroom  Two Bedroom  Room

25. Deposit Amount Received to Hold Apartment \_\_\_\_\_

26. Application Fee Amount Received \_\_\_\_\_ 6. Date \_\_\_\_\_

**DISCLOSURE/AGREEMENT/CONSENT**

- I/We understand that \_\_\_\_\_ is an agent of the Landlord and is a paid representative of the Landlord. I/We acknowledge that this written notice was received before I/We received a rental agreement
- I/We authorize you to conduct an employment/credit check concerning my/our application and to verify all references.
- I/We declare that all information listed on this application is true and accurate.
- Tenants at their decision may purchase and provide their own apartment insurance. Nick's Realty Trust is not responsible for personal property.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Co-Applicant's Signature Date

\_\_\_\_\_  
Application Received By Date

\_\_\_\_\_  
Title

**Please mail or return this application in person to the offices of Nick's Realty Trust, 46 Chauncy Street, Mansfield, MA 02048 (508) 339-9556**



**PLEASE PRINT, COMPLETE AND RETURN THIS FORM TO NICK'S REALTY TRUST ALONG WITH YOUR RENTAL APPLICATION**

**46 Chauncy Street      Mansfield MA 02048**

**THE FOLLOWING SECTION IS FOR LANDLORD:**

**Please select report type:**(If No Report Type Is Selected; A Combined Report Will Be Chosen)

Combined Report (Retail & Tenant Performance)

Combined Report/DecisionPoint (Uncredentialed Clients)

Criminal (DOB Required)

**NATIONAL TENANT NETWORK**

Retail Report Only

Tenant Performance Only

No Report Move-in

**MOVE-IN FORM 1**

**RENT AMOUNT** \_\_\_\_\_ **MOVE-IN DATE** \_\_\_\_\_

***THE FOLLOWING SECTION IS FOR THE APPLICANT TO COMPLETE:***

**APPLICANT NAME**

**COAPPLICANT NAME**

1. \_\_\_\_\_  
LAST

2. \_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST/M.I.

\_\_\_\_\_  
FIRST/M.I.

\_\_\_\_\_  
SOCIAL SECURITY      \_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY      \_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
Driver's License # and State of Issue

\_\_\_\_\_  
Driver's License # and State of Issue

IS/ARE APPLYING FOR:

\_\_\_\_\_  
YOUR UNIT STREET ADDRESS (Apartment applying for)

\_\_\_\_\_  
CITY/STATE/ZIP

**FORMERLY RESIDING AT:**

\_\_\_\_\_  
CURRENT STREET ADDRESS

\_\_\_\_\_  
CURRENT STREET ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
PREVIOUS STREET ADDRESS

\_\_\_\_\_  
PREVIOUS STREET ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
CITY/STATE/ZIP

I CERTIFY THE ABOVE INFORMATION IS CORRECT & COMPLETE & I AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY INCLUDING RETAIL CREDIT & A FULL CRIMINAL BACKGROUND SEARCH. IF I RENT THE UNIT, I UNDERSTAND THE INFORMATION CONTAINED ON THIS FORM & RENTAL AGREEMENT MAY BE MAINTAINED IN A TENANT DATABASE FOR UP TO 6 YEARS AFTER I VACATE TO BE MADE AVAILABLE TO OTHER LANDLORDS.

1. \_\_\_\_\_  
APPLICANT/TENANT SIGNATURE

2. \_\_\_\_\_  
APPLICANT/TENANT SIGNATURE

\_\_\_\_\_  
Manager/Landlord Signature

**MA 1607**

**Date**