

# 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 \_\_\_\_\_

### B. Occupants

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

### C. Applicant's Rental History

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

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

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

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**G. Size of Apartment Interested In**

23. Studio  One Bedroom  Two Bedroom  Room

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

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

**DISCLOSURE/AGREEMENT/CONSENT**

1. 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
2. I/We authorize you to conduct an employment/credit check concerning my/our application and to verify all references.
3. I/We declare that all information listed on this application is true and accurate.
4. 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)

θ Combined Report (Retail & Tenant Performance)

θ Combined Report/DecisionPoint (Uncredentialed Clients)

θ Criminal (DOB Required)

NATIONAL TENANT NETWORK

θ Retail Report Only

θ Tenant Performance Only

θ 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**