



**65 Martha Road, Boston, MA 02114**

**Phone: 617-742-0222**

*Professionally Managed By: HallKeen Management Company*

Thank you for your interest in our community!

If you would like to apply for residency at Amy Lowell Apartments, the following forms require your signature:

- Application for Residency
- Release to Obtain Information (Credit & Criminal consent form)
- Landlord verification form

You will also need to submit the following with each application:

- Copy of State issued photo identification
- 2 of your most recent and consecutive paystubs



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### **RENTAL APPLICATION**

**(Note: Each co-resident over 18 years of age must submit a separate application.)**

#### **APPLICANT**

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Initial if over 18 years of age \_\_\_\_\_

List others to reside in apartment:

1. \_\_\_\_\_
2. \_\_\_\_\_

#### **APPLICANT INFORMATION**

##### **Present Address:**

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Rent or Own? \_\_\_\_\_ Dates: \_\_\_\_\_ Mthly Payment: \_\_\_\_\_  
Landlord/Lender: \_\_\_\_\_ Street \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

##### **Previous Address:**

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Rent or Own? \_\_\_\_\_ Dates: \_\_\_\_\_ Mthly Payment: \_\_\_\_\_  
Landlord/Lender: \_\_\_\_\_ Street \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Employer or Income Source:**

*(If self-employed please attach most recent W-2 or 1099 tax documents.)*

Name of Employer/Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

**Previous Employer of Income Source:**

Name of Employer/Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

**Other source of Income:**

Type of Income	Source/Bank	Gross Annual Amount
1. _____	_____	_____
2. _____	_____	_____

**Bank References:**

Name and Address of Bank: \_\_\_\_\_

Account Type and Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_

Account Type and Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Credit References:**

Account Type	Acct. #	Bank Name	Bal. Owed
_____	_____	_____	_____
_____	_____	_____	_____

**Relatives/Emergency Contact (Not residing with you)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Base rent and other monthly charges are due and payable on the first day of each month in advance.**

Management shall not make any inquiry concerning race, religious creed, color, national origin, sex, sexual orientation, age (except if a minor), ancestry or marital status of the applicant or concerning the fact that the applicant is a veteran or a member of the armed forces or is handicapped or disabled. The applicant authorizes the Management and/or Renting Agency to obtain or cause to be prepared a consumer credit report relating to the applicant.

Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, water or otherwise, unless caused by their negligence.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Lease agreement in the usual form, a copy of which the applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Deposit is to be applied to actual damages sustained by the owner, except it is to be refunded if said application is not accepted by the owner. This application and deposit are taken subject to previous applications.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Rent Per Month

\_\_\_\_\_

Security Deposit

\_\_\_\_\_

First Month's Rent

\_\_\_\_\_

Bal. Due Upon Acceptance

\_\_\_\_\_



**Credit & Criminal Consent Form**

To: HallKeen Management

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at \_\_\_\_\_, Applicant, do represent all information in this application to be true and accurate and that owner/manager/ employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

**All applicants over 18 must sign:**

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as "active adult community" and "empty nesters". Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

**Landlord Verification Form**

Date: \_\_\_\_\_

To whom it may concern:

\_\_\_\_\_ has applied for residency at our property. In order to complete the application process, we require completion of the below listed questions.

It would be appreciated if you would complete these items, and return this form in the enclosed envelope. **To expedite the process, please feel free to email the information to \_\_\_\_\_.**

Thank you for your assistance in this matter.

Sincerely,

*Leasing & Management Staff, HallKeen Management*

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I, \_\_\_\_\_ hereby authorize the release of the below listed information regarding current or previous housing.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
date

Address: \_\_\_\_\_

Amount of monthly rent: \_\_\_\_\_

Dates of Residency: \_\_\_\_\_

Was the rent paid in a timely fashion? \_\_\_\_\_

Were there ever any complaints from neighbors? \_\_\_\_\_

Were there any other lease or rule violations? \_\_\_\_\_

Has the resident been asked to move from the premises? \_\_\_\_\_

Would you rent to the tenant again? \_\_\_\_\_

If no, please comment: \_\_\_\_\_

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Prepared by (signature): \_\_\_\_\_

Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Position or title: \_\_\_\_\_