

Management Use Only					
Date Received:					
Time Received:					
Unit Size:					
Unit Type:					

NWBRV

Rental Application

Applicant Information

Name:				Date of Birth: S.S.N:	
Address:				_ City/State/Zip: Email:	
Phone: Secondary Phone:			Phone:	Email:	
Total Household Income:				Total No. of Household Members:	
Employment Information:				Residential History:	
Current Employer:					
Employer Address:				Length of Residency: Rent:	
Employer Telephone:Salary:				Name:	
Position:Salary:				Address:	
Please provide a copy of your last 2 consecutive paychecks				Phone: E-mail:	
Asset Type Bank Account # Balance			D.I.	Previous Landlord/Management Information:	
Asset Type	Bank	Account #	Balance	Length of Residency: Rent:	
				Name:	
				Address:	
				Phone:E-mail:	
				D . (D . 10	
Please provide a copy of the most recent account statements within 60 days				Date of Desired Occupancy:	
	•				
				convicted of a felony? Yes No	
If yes, pleas	se explain:				
Has any lan	dlord ever ha	ad to take legal a	ction against	you or any other household member for non-payment of rent	
				e that resulted in your appearance in court?	
Have you b	een denied h	ousing in last 5 y	ears? Yes	No	
ii yes, pieus	е схрини	· · · · · · · · · · · · · · · · · · ·			
Do you requ	uire an apartr	nent modified fo	r a wheelchai	r? Yes No If yes, please provide verification of need	
Do vou rea	uire anv spec	ial accommodati	on on the bas	is of a handicap or disability? Yes No	
				require.	
				for accommodation to a disability). If yes, you must provide	
verification of		preemae any sues	_		
v		of your househo	ld subject to a	registration requirement under a state sex offender registration	
				and indicate where.	
program. 1	cs 11c	, n yes, j	orease exprain	and indicate where.	
Do you hav	e any pets? Y	Yes No	If yes, 1	please explain	
Dlagga note that th	ie ie a praliminam a-	mlication and in no way :-	neurae occupanov. A d	Iditional information may be required to complete processing of your application. Upgate size	
Maloney Propertie	es, Inc. authorization	to investigate pertinent in	formation in this app	lditional information may be required to complete processing of your application. I hereby give lication in order to determine my eligibility for housing or as a guarantor. I understand that this may	
include but is not lyour application for		rifications, landlord refere	ences, credit check, ar	nd criminal background checks. A false statement or misrepresentation can result in our removing	
	Applicant Signature: Date:				
Applicant Sign				Date:	

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