

PLEASE FILL OUT THE ENTIRE APPLICATION – IF NOT COMPLETE, IT CAN NOT BE PROCESSED. PLEASE PRINT LEGIBLY.

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Mid.Int: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail address: \_\_\_\_\_

**CURRENT ADDRESS**

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you rent your Apartment? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, are you on a lease? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Rent per Month \$ \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FORMER ADDRESS**

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you rent your Apartment? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, are you on a lease? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Rent per Month \$ \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

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

Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_ Weekly Gross Salary: \$ \_\_\_\_\_

Other Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Weekly Gross Salary: \$ \_\_\_\_\_

Other Income (i.e. alimony, investments, etc.): \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per: \_\_\_\_\_

The applicant understands that all information will be verified and authorizes credit bureau reports to be obtained and completed. Until the Landlord has approved the application, no tenancy has been created and applicant(s) have no rights to this apartment. If denied, applicant's sole remedy shall be the return of any deposit made towards rent hereunder. Any deposit hereunder made by an applicant's representative shall be deemed made by such applicant. The undersigned warrants that all statements in this application are true and upon presentation agrees to execute a "Standard Apartment Lease," as from time to time revised, and on the terms and conditions contained herein. If any such statement herein is not true, the Landlord may terminate said lease at any time after learning the untruth, and for this infraction a seven-day written notice given in accordance with said lease shall be sufficient. Upon approval, any deposit made by applicant shall be retained by Landlord as liquidated damages for failure of applicant to execute said lease, make any payment hereunder, or if such Lease is terminated prior to occupancy. It is further understood that all charges accepted for the processing of this application for the applicant are in all cases non-refundable, whether said applicant is accepted or rejected. **Note: All deposits hereunder shall be non-refundable once the applicant has been approved by the Landlord.**

**APARTMENT YOU ARE APPLYING FOR**

Street: \_\_\_\_\_ Unit #: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_ No. of Occupants: . \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Security Deposit: \$ \_\_\_\_\_ Deposit Received: \$ . \_\_\_\_\_

Non refundable Application Fee: \$ \_\_\_\_\_ Rental Fee: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_ Due Date: \_\_\_\_\_

Occupancy Date: \_\_\_\_\_ Length of Lease \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
here is Signature

Under the penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true & accurate and I understand that my electronic signature valid and fully enforceable.



# Samia Companies LLC

60 Leo M. Birmingham Parkway Brighton, Massachusetts 02135

## RIDER

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

Address of Unit applied for: \_\_\_\_\_

The following is a list of all the people, including all children and other family members who intend to occupy this unit:

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

\_\_\_\_\_ I/We acknowledge that, if we plan to occupy the Unit with a child age under six years old, I/We have been fully informed that commencement of my/our tenancy may/will be delayed for such time as it will require to de-lead the premises, which my/our prospective Landlord shall do in a reasonably expedient fashion.

**A Completely Diversified Real Estate Firm**

OFFICE 617-783-1024 FAX 617-782-1398