

**CORCORAN MANAGEMENT COMPANY
100 GRANDVIEW ROAD - SUITE 205
BRAINTREE, MA 02184**

Base Rent Per Month _____
 Other Monthly Charges _____
 Key/Lock _____
 Last Month's Rent _____
 Security Deposit _____
 Total Deposit Received _____
 Check # _____
Balance Due
Upon Move in _____

Name of Property _____
 Telephone No. _____ VOICE/TDD
 No. Bedrooms _____
 Apartment No. _____
 Move in Date: _____
 Today's Date _____

NAME	First	Mi	Last	Birthdate (*)	SS #		
Present Address				Home Phone			
City	State	Zip	How Long?	Own _____	Rent _____		
Landlord/Mortgagee's Name & Address				Phone			
Date of Current Occupancy From _____ to _____			Monthly Rent/Mortgage Payment _____				
Previous Address			City	State	Zip		
Previous Landlord's Name & Address				Phone			
Co-Applicant Name		Age	Birthdate (*)	SS #			
Present Address				Home Phone			
City	State	Zip	How Long?	Own _____	Rent _____		
Person to Contact in Case of Emergency				Phone			
Address		City	State	Zip			
List below all other persons to occupy apartment: (Date of birth for minors only)							
	Name	Relationship	DOB		Name	Relationship	DOB
1.	_____	_____	_____	3.	_____	_____	_____
2.	_____	_____	_____	4.	_____	_____	_____

EMPLOYMENT INFORMATION

Present Employer (Applicant)				Phone	
Address		City	State	Zip	Annual Salary
Position			Length of Employment		
Co-Applicant's Present Employer				Phone	
Address		City	State	Zip	Annual Salary
Position			Length of Employment		

OTHER INCOME:	Applicant	Co-Applicant
Salary/Wages	_____	_____
Other Salary/Wages	_____	_____
Investment Income	_____	_____
Other Income	_____	_____
TOTAL INCOME	_____	_____

APPLICANT REPRESENTS THAT THE STATEMENTS MADE ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF EMPLOYMENT, FINANCIAL, LANDLORD, AND REFERENCES. *APPLICANT HAS PROVIDED BIRTH DATE INFORMATION SOLELY FOR THE PURPOSE OF OBTAINING A SCOREX RATING. BY SIGNING THE APPLICATION, THE APPLICANT ATTESTS THAT NO PERSONS IDENTIFIED ON THE APPLICATION ARE REQUIRED TO REGISTER AS A SEX OFFENDER. APPLICANT ACKNOWLEDGES THAT CORCORAN MANAGEMENT REFUSES RENTAL TO LEVEL 3 SEX OFFENDERS AND THAT ALL APPLICANT NAMES WILL BE SCREENED THROUGH STATE SEX OFFENDER REGISTRY BOARDS. WE REGRET THAT LARGE COMMERCIAL VEHICLES ARE NOT ALLOWED ON THE PROPERTY. APPLICANT ACKNOWLEDGES RECEIPT OF THE QUALIFICATIONS STANDARDS FOR ACCEPTANCE. (See reverse side) APPLICANT ACKNOWLEDGES THAT THE APPLICATION FEE IS NON-REFUNDABLE. IF THIS APPLICATION IS ACCEPTED, I (WE) AGREE TO ENTER INTO A WRITTEN LEASE FOR THE ABOVE DESCRIBED APARTMENT, IN WHICH CASE EARNEST MONEY (EXCLUSIVE OF ANY APPLICATION FEE) WILL BE APPLIED TO OUR ACCOUNT. IF I (WE) REFUSE TO ENTER INTO A WRITTEN LEASE UPON BEING OFFERED THE ABOVE DESCRIBED APARTMENT, CORCORAN MANAGEMENT COMPANY SHALL RETAIN THE EARNEST MONEY AS LIQUIDATED DAMAGES. DEPOSIT IS NON-REFUNDABLE AFTER 48 HOURS.

 Signed by CMC Representative

 Applicant

 Date

 Applicant

 Date

CORCORAN MANAGEMENT COMPANY DOES NOT DISCRIMINATE IN ITS HOUSING PRACTICES. APPLICATIONS ARE AVAILABLE TO ELIGIBLE PERSONS WITHOUT REGARD TO RACE, COLOR, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN, SEX, VETERAN STATUS, AGE, MARITAL STATUS, RECEIPT OF PUBLIC/RENAL ASSISTANCE, OR DISABILITY.



PET APPLICATION



ABOUT MY HUMAN

Name(s) of Pet Owner	Apartment Number
Day Phone:	Cell Phone

ALL ABOUT ME

Name(s)	Breed
License or ID #	Age
What you should know about me...	Weight

PET EMERGENCY INFORMATION

Veterinarian
Name and Address
Phone
Pet's Emergency Caretaker
Phone

I have read and understand the house rules pertaining to pets and I and members of my household promise to fully comply.

Signature of Pet Owner:

Date

Signature of Manager Approval:

Date