



APPLICATION FOR RESIDENCY

24 Oak Street, LLC
Amesbury, MA 01913
Telephone 978-834-0900 * Fax 978-834-0033

Date: _____ (Each co-resident must submit separate applications)

Apt. #: _____ Leasing Consultant: _____ Parking pass #: _____
Apt. Type: _____ Monthly Rent: _____ Access Card #: _____
Lease Begin Date: _____ Pro-Rate Amount: _____ Storage #: _____
Lease End Date: _____ Deposit: _____ Storage Fee: _____
(THIS SECTION IS FOR OFFICE USE ONLY) Pet Fee: _____

PERSONAL INFORMATION

Applicants Name: _____ SS# _____ Date of Birth _____
 First Middle Initial Last

Driver's License #: _____ State _____ Marital Status _____

Phone number: _____

Email Address: _____

OTHER OCCUPANTS

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

RESIDENT HISTORY

Present Address

_____ Street Apt. # City State Zip

Type of Residency: Rent Own Other _____ Dates: From ___/___/___ TO ___/___/___

Monthly Payment: \$ _____ Landlord/Management Co. Name: _____ Phone _____

Previous Apt. Name or Landlord _____ Phone _____ Dates: From ___/___/___ TO ___/___/___

Reason for Moving _____ Have you ever been evicted from any leased premises? _____

EMPLOYMENT INFORMATION

Present Employer _____ Business Address _____ Business # _____

Position _____ Employed Since ___/___/___ Salary \$ _____

Supervisor's Name _____ Telephone # _____

Previous Employer _____ Business Address _____ Business # _____

Position/Salary _____ Employed Since ___/___/___ Supervisor's Name _____

CREDIT/BANK INFORMATION

Bank Name & Branch _____ City _____ Checking # _____

Savings # _____

Bank Name & Branch _____ City _____ Checking # _____

Savings # _____

VEHICLE INFORMATION

Vehicle Make/Model _____ Year _____ Color _____ License Plate # _____ State _____

PETS

Do you own any pets? ____ If yes, how many? _____ Kind _____ Weight _____ Color _____

EMERGENCY CONTACT

Name _____ Telephone # _____ Relationship _____

24 Oak Street, LLC does not discriminate on the basis of race, religious, creed, national origin, sexual orientation, age (except if a minor), ancestry, marital status, handicap, or status as a veteran or member of the armed forces.

DEPOSIT (This section is to be filled out by the leasing consultant)

Applicant has submitted the sum of \$ _____, which is a **non-refundable** payment for a credit check and processing charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing this application as furnished by the applicant. Any false information will constitute grounds for rejection of this application.

A good faith deposit in the amount of \$ _____, which represents one full months rent has been collected. Upon approval of application this deposit will become a security deposit. In addition, a first months rent and any pro-rate if applicable, is due two weeks prior to the move-in date. If applicant should cancel this application for residency after they are approved and 24 hours have passed, it is understood they may lose their deposit in full. If for any reason, management rejects this application, the good faith deposit will be refunded in full.

A deposit has been received for Building # _____, Apartment # _____ and it is a _____ bedroom.

All applications for residency are taken subject to apartment availability.

The undersigned warrants and represents the information on this rental to be true and correct. All persons/firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information.

I hereby authorize 24 Oak Street, LLC the right to verify all references and credit records at anytime.

Applicants Signature

Date Signed

Application Approved by

Date Approved

Application Not Approved by

Date Not Approved

EMPLOYMENT VERIFICATION REQUEST
24 Oak Street, LLC Residences at Riverwalk
One River Court, Amesbury, MA 01913
Telephone 978-834-0900 * Fax 978-834-0033

To: _____

Date: _____

Mr./Ms. _____ has applied for residency at Residences at Riverwalk in Amesbury, Massachusetts. As part of the application process, it is necessary to obtain verification of his/her employment and income prior to occupancy.

Permission granted by: _____
(Applicants Signature) (Applicants Printed Name)

Please complete the section below and return it to us by fax or U.S. mail within 48 hours, if possible. Thank you in advance for your assistance.

Sincerely,

Residences at Riverwalk Leasing Consultant

Information Needed:

Dates of Employment: From ____/____/____ to ____/____/____

Position: _____ PT or FT? _____

Is this position temporary or permanent? _____

Do you anticipate employment to continue? _____

Salary: \$ _____ per _____

Tips, commission and/or bonuses: \$ _____
(Average per week)

Verified by

Printed Name

Title

Date

LANDLORD/MORTGAGE REFERENCE REQUEST

24 Oak Street, LLC

One River Court, Amesbury, MA 01913

Telephone 978-834-0900 * Fax 978-834-0033

To: _____

Date: _____

Mr./Ms. _____ has applied for residency at Residences at Riverwalk, in Amesbury, MA. As part of the application process, it is necessary to obtain verification of his/her prior places of residency.

Permission granted by: _____
(Applicants Signature) (Applicants Printed Name)

Please complete the section below and return it to us by fax or U.S. mail within 48 hours, if possible. We thank you in advance for your assistance.

Sincerely,

Residences at Riverwalk Consultant

Information Needed:

Dates of Residency: From ____/____/____ to ____/____/____

Monthly Rent/Mortgage \$ _____

Was rent/mortgage paid timely? _____ If no, number of late payments _____

NSF Checks _____ If yes, how many? _____

Is rent mortgage overdue at this time? _____ Pets, please describe _____

Were legal proceedings/evictions ever filed against applicant or co-applicant? _____

Other: _____

Verified by

Title