

Canalside Apartments

Cork Management Company

For Office Use ONLY

Date Received: _____

Size Bedroom: _____

Desired Move-in date: _____

Adj. Annual Income: _____

% Income for Rent: _____

The apartments will be rented to all qualified people on an open occupancy basis. Please sign and attach the release form, if it is not completed we will be unable to process your application.

Applicant Name: _____

E-mail address: _____

Size Apartment Requested: _____

Home #: _____

Cell #: _____

Work #: _____

List all ADULT HOUSEHOLD MEMBERS moving-in:

Adult (1) _____ Sex _____ Age _____ DOB _____ SSN# _____ Relation _____ Student: Y/N

Adult (2) _____ Sex _____ Age _____ DOB _____ SSN# _____ Relation _____ Student: Y/N

Adult (3) _____ Sex _____ Age _____ DOB _____ SSN# _____ Relation _____ Student: Y/N

Adult (4) _____ Sex _____ Age _____ DOB _____ SSN# _____ Relation _____ Student: Y/N

List all CHILDREN/DEPENDENT HOUSEHOLD MEMBERS moving-in:

Name _____ Sex _____ Age _____ DOB _____ SSN# _____ Relation _____ Student: Y/N

Name _____ Sex _____ Age _____ DOB _____ SSN# _____ Relation _____ Student: Y/N

Name _____ Sex _____ Age _____ DOB _____ SSN# _____ Relation _____ Student: Y/N

Name _____ Sex _____ Age _____ DOB _____ SSN# _____ Relation _____ Student: Y/N

Adult (1)

Current Address:

Street _____ City _____ State _____ Zip _____

Current Landlord: _____ Phone#: _____

Rent: _____ Utility Average Monthly (gas/electric ONLY): _____

Occupancy Dates (month, date and year moved-in/out): _____

Previous Address:

Street _____ City _____ State _____ Zip _____

Previous Landlord: _____ Phone#: _____

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Rent: _____ Utility Average Monthly (gas/electric ONLY): _____
Occupancy Dates (month, date and year moved-in/out): _____

Previous Address:

Street City State Zip

Previous Landlord: _____ Phone#: _____

Rent: _____ Utility Average Monthly (gas/electric ONLY): _____

Occupancy Dates (month, date and year moved-in/out): _____

Employment:

Current Employer: _____

Street City State Zip

Length of Employment: _____ Gross Annual Income: _____

Adult (2)

Current Address:

Street City State Zip

Current Landlord: _____ Phone#: _____

Rent: _____ Utility Average Monthly (gas/electric ONLY): _____

Occupancy Dates (month, date and year moved-in/out): _____

Previous Address:

Street City State Zip

Previous Landlord: _____ Phone#: _____

Rent: _____ Utility Average Monthly (gas/electric ONLY): _____

Occupancy Dates (month, date and year moved-in/out): _____

Previous Address:

Street City State Zip

Previous Landlord: _____ Phone#: _____

Rent: _____ Utility Average Monthly (gas/electric ONLY): _____

Occupancy Dates (month, date and year moved-in/out): _____

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Character Reference (if no landlord references, cannot be family)

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Other Adult Employment:

Current Employer: _____ **Phone:** _____

Address: _____ **Fax:** _____

Length of Employment: _____ **Gross Annual Inc:** _____

Previous Employer: _____ **Phone:** _____

Address: _____ **Fax:** _____

Length of Employment: _____ **Gross Annual Inc:** _____

In case of **emergency**, whom should we contact on your behalf?

Name: _____ **Relation:** _____

Address: _____ **Phone:** _____

Were you referred to Canalside Apartments by a friend, or a current resident? _____

Additional Required Information:

Are you OR any member of your household required to register as a sex offender under Massachusetts or any other state law? **Y / N**

If Yes, list the name of the person and the registration requirements (i.e. place where registration needs to/has been filed including length of time which the registration is required.)

Attention: Failure to respond fully to these questions may result in immediate rejection or denial of this application.

Please Note: Approval of this application is subject to obtaining a full credit bureau report, full multi-state criminal report and verification of all sufficient household income required to qualify the household. Additional information may be requested at a later date to complete the process of this application. Your signature below and on the attached release of information form gives full consent to the management company/agents acting in best interest of the owner, to verify the information contained in this application. Any information omitted or provided fraudulently will result in denial of your request for housing at this community.

Signing this application I certify that all information contained herein is true and accurate to the best of my ability.

Signature of Applicant

Date