

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#: _____

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

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

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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): _____

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

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

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

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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: _____

Do you or any member of your household have a Housing Certificate through the following;
Section 8 Program, Massachusetts Rental Voucher Program (MRVP), Housing Choice Voucher Program, or
Veterans Affairs Housing Voucher? _____ YES _____ NO

If you answered YES please provide the following:

Housing Authority: _____ Contact: _____

Phone: _____ Email: _____ Certificate Type: _____

Please note that the Home Base Program is NOT an accepted housing voucher.

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 if 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 with 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