



25 Park Street
Adams, MA 01220

e: rentals@redpm.com
www.redpm.com

t: 617 575 9175
t: 413 776 9175

f: 866 642 9175
(Toll Free Fax)

Rental Application

Name: _____ Social Security # _____

Phone : _____ e-mail : _____

Have you ever been evicted : _____ filed for bankruptcy _____ Convicted of felony _____

Who will be living in the apartment (including names, if they smoke and ages of minors) _____

Any Animals? _____ Describe (breed and weight) _____

Present Address: _____

How long at this address _____ Rent \$ _____ Reason for moving _____

Landlord (Name & Company) _____ Phone _____

Previous Address: _____ How long ? _____

Landlord (Name & Company) _____ Phone _____

Previous Address: _____ How long ? _____

Landlord (Name & Company) _____ Phone _____

Occupation _____ Employer _____

Years worked _____ Supervisor _____ Phone _____

Previous Job _____ Employer _____

Years worked _____ Supervisor _____ Phone _____

Current gross income per month (before deductions) _____

List other sources of income _____

Vehicle (#1) Make & model: _____ Registration _____

Vehicle (#2) Make & model: _____ Registration _____

Personal Reference: _____ Address _____ Phone _____

Personal Reference: _____ Address _____ Phone _____

Emergency Contact : _____ Address _____ Phone _____

I declare that the statements above are true and correct. I authorize verification of my references and credit as they relate to my tenancy and to future rent collection.

Signature: _____ Date: _____

Verified: SSN _____ DL/ID _____ CurTenancy _____ Prev _____ Credit _____ Work _____ Pers Ref _____ BY _____