



BUZZARDS BAY REALTY, LLC RENTAL APPLICATION

Please print, complete and either fax (fax number: 508-990-3892) or mail/drop off this application (48 North Street, New Bedford, MA 02740). Thank You.

PERSONAL INFORMATION:

First Name _____ Middle Initial _____ Last Name _____
Social Security Number _____ Date of Birth _____
Number of persons to occupy apartment? _____

OCCUPANT INFORMATION

Name & SSN _____ Date of Birth _____ Relationship _____
Name & SSN _____ Date of Birth _____ Relationship _____

RESIDENCE INFORMATION

Current Address _____ Suite or Apt. _____
City _____ State _____ Zip Code _____
Dates of Residency: From _____ To _____
Monthly Payment _____ Reason For Moving _____
Contact Name _____ Contact Phone _____
Have you ever been evicted or asked to move out? Yes No If yes please explain

EMPLOYMENT INFORMATION/ADDITIONAL INCOME

Current Employer _____ Position _____
Address _____ Monthly Income _____
Work phone _____ Name of Supervisor _____
Dates of Employment _____ From _____ To _____
If there are other sources of income you would like us to consider please list amount

EMERGENCY INFORMATION

First Name _____ Middle Initial _____ Last Name _____
Relationship _____
Current Address _____ City _____ State _____
Phone _____

VEHICLE INFORMATION

Your Vehicle Make/Model _____ year _____ Color _____
Plate Number _____

PET INFORMATION

Do you own any pets? _____ yes _____ No
Pets are not allowed

CONVICTION INFORMATION

Have you ever been convicted of or pleaded guilty or "no Contest" to a misdemeanor or Felony involving sexual misconduct?

_____ Yes _____ No If yes, When _____ What State
Explain _____

You authorize us to obtain and verify all credit information and reference information for the purpose of determining whether or not to lease the apartment to you. By signing this application you certify that all information contained in the application is true, correct, and complete.

Signature of Applicant

Date