



The Residences at ADAMS HOUSE

Date Received: _____

APPLICATION FOR APARTMENT

The Residences at Adams House

1168 Highland Avenue

Fall River, MA 02720

(508) 812-9142

Applications are placed in order of date and time received.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State Zip

Daytime Phone: _____ Cell Phone: _____

Email: _____

Driver's License or Government Issued Photo ID #: _____

Type of ID: State Government

Bedroom Size Requested: One BR Two BR

Present Home: Rented Apartment Rented Home Owned Home Live with Family

How did you hear about our community? _____

Did anyone refer you? _____



List all persons that will reside in this apartment. **Anyone over 18 needs to fill out a separate application.**

	Name	Relationship to Head	Birth Date	SS#
Head				
Co-T				
3.				
4.				

B. INCOME

List ALL sources of income as requested below.

Source of Income	Gross Monthly Amount
Social Security	\$
Pension (list source)	\$
Pension (list source)	\$
Pension (list source)	\$
Veteran's Benefits (list claim #)	\$
Annunity Payments	\$
Interest Income (source)	\$
Interest Income (source)	\$
Interest Income (source)	\$



Household Member Name	Source of Income	Monthly Amount
	Employment Amount	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	Employment Amount	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	Employment Amount	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	Alimony	
	Do you receive alimony? <input type="radio"/> Yes <input type="radio"/> No	
	If yes, list amount you receive	\$
	Child Support	
	Do you receive alimony? <input type="radio"/> Yes <input type="radio"/> No	
	If yes, list amount you receive	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$

*GROSS MONTHLY FAMILY INCOME MUST BE THREE TIMES THE MONTHLY RENT.
IF THAT IS NOT THE CASE, MUST SHOW PROOF OF ASSETS IN EXCESS OF \$100,000.*



C. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? Yes No

Have you or any member of your family ever been convicted of a felony? Yes No

If yes, describe: _____

Have you or any member of your family ever been evicted from any housing? Yes No

If yes, describe: _____

Have you ever filed for bankruptcy? Yes No

If yes, describe: _____

Will you take an apartment when one is available? Yes No

Briefly describe your reasons for applying: _____

D. REFERENCE INFORMATION

Current Landlord

Name: _____

Address: _____

Home Phone: _____ Bus. Phone: _____

How Long: _____ Move Out Date: _____

Previous Landlord

Name: _____

Address: _____

Home Phone: _____ Bus. Phone: _____

How Long: _____ Move Out Date: _____



Personal Reference #1

Name: _____

Address: _____

Relationship: _____ Phone: _____

In Case of Emergency, Notify

Name: _____

Address: _____

Relationship: _____ Phone: _____

E. VEHICLE AND PET INFORMATION (IF APPLICABLE)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle: _____ License Plate #: _____

Year/Make: _____ Color: _____

Type of Vehicle: _____ License Plate #: _____

Year/Make: _____ Color: _____

Do you own any pets? (additional security deposit required) Yes No

If yes, describe: _____

CERTIFICATION

I/We understand I/We must pay a deposit for this apartment prior to occupancy. This will hold the apartment for us, and will become our security deposit upon move in. If we change our mind within 72 hours of signing deposit agreement, we can receive a refund. After 72 hours, the deposit is forfeited. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must fill out and sign an application.

SIGNATURE(S)

Signature of Head

Date

Signature of Co-Tenant

Date

