

Rental Application: **PLEASE PRINT CLEARLY**

Photo identification Required.

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you ever been EVICTED?            YES                            NO

Name-First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

**SSN (REQUIRED) #** \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_    **DOB (00/00/0000)** \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

Present address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Drivers license # \_\_\_\_\_

Vehicle:Make&Year \_\_\_\_\_ Reg.# \_\_\_\_\_

Current Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Length of Occupancy at current address: \_\_\_\_\_

Previous address \_\_\_\_\_

Previous Landlords Name/Phone# : \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Weekly Salary \_\_\_\_\_ Length of Employment \_\_\_\_\_ Title \_\_\_\_\_

Bank \_\_\_\_\_ Branch Address \_\_\_\_\_

**PERSONAL REFERENCE**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

Each adult applying must file a separate application

# Of Occupants \_\_\_\_\_ # of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ Ages \_\_\_\_\_

Any pets (if allowed) what kind \_\_\_\_\_

X \_\_\_\_\_

Signature: The signer warrants and represents that all statements are true.

If they are not, it will result in the termination of this contract/lease or tenancy at will.

Signer authorizes a credit and tenant check.

Applicant pays \$40.00 non-refundable application fee. Cash only.

**AABCO ASSOCIATES**  
**1415 Dorchester Avenue, #1**  
**Dorchester, MA 02122**

**617-825-9900**

**Please Call For An Appointment**  
Mon – Thrs 9 a.m. to 5 p.m. Fri 9 a.m. to 2 p.m