CMS

TEL: (413)736-6550

FAX: (413) 736-6559

Chase Management Service, Inc.

142 Doty Circle

West Springfield, MA. 01089

LIST ALL PERSONS THAT WILL OCCUPY THE UNIT. ANY PERSONS 18 OR OVER MUST SIGN THIS RENTAL APPLICATION; PROVIDE A COPY OF STATE OR FEDERAL ISSUED PHOTO ID; ONE MONTH'S INCOME INFORMATION AND SOCIAL SECURITY CARD AT THE TIME OF THE APPLICATION. FAILURE TO PROVIDE THIS INFORMATION WILL BE CAUSE FOR DENIAL FOR AN INCOMPLETE APPLICATION.

FIRST MONTH'S RENT, A SECUIRTY DEPOSIT EQUAL TO THE MONTHLY RENT AND A LOCK FEE OF \$45.00 MUST BE PAID IN FULL AT TIME OF MOVE IN. A \$100 DEPOSIT WILL BE REQUIRED TO HOLD AN APARTMENT FOR YOU.

PLEASE NOTE WE DO NOT ACCEPT PETS.

Do Not leave blank spaces – FILL OUT EACH SPACE ENTIRELY.

RENTAL APPLICATION for property address _			Unit#/F	loor Today's Da	ite
Size of apartment needed: Please check one box	Studio 🗆	One Bdrm \Box	Two Bdrm \square	Three Bdrm □	Four Bdrm 🗆
Applicants: Cell Phone	Home Ph	one	E-mail		
Name	Sex M or F	Birth date	SS#	Relationship To you	Total Monthly Income
				Self	
Present Address			_Apt. # City	State	Zip Code
Lived there From To		How mai	ny rooms	Present rent \$	
Including what utilities?					
Reason for moving?					
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Present Landlord's Name ?	Phone Number?					
Street Address?		City?		State?	Zip Code?	
Previous Address			Apt. #	City	State:	_ Zip Code
Lived there From	To	F	low many rooms		Rental Amount? _	
Including What Utilities?						
Reason for moving?						
Previous Landlord's Name ?			Phone Numb	oer?		
Street Address?		City?		State?	Zip Code?	
		Co-Applica	ant Informat	ion:		
Co-Applicants: Cell Phone		Home Phone		E-mail_		
Present Address			Apt. #	City	State	Zip Code
Lived there From	То		How many rooms_		Present rent \$	
Including what utilities?						
Reason for moving?						
Present Landlord's Name ?			Phone Numb	oer?		
Street Address?		City?		State?	Zip Code?	
Previous Address			Apt. #	City	State:	Zip Code
Lived there From	To		low many rooms		Rental Amount? _	
Including What Utilities?						
Reason for moving?						
Previous Landlord's Name ?			Phone Numb	oer?		
Street Address?		City?		State?	Zip Code?	

Vehicle Information

Applicants Driver's License No	& State		Co- Applica	ants Driver's Li	cense No & State	
Make	Model		Year	Color		Plate
Make	Model		Year	Color		_Plate
Make	Model		Year	Color		_Plate
		Income & E	mployn	nent		
Applicants Employer's Name						
Employer Address				Осси	upation	
Supervisor or Person to contact					Phone#	
Dates of Employment - From month/	year	to present		_ Income \$	per	
Previous Employer (if current less t	than 3 years)			Occı	upation	
Address (complete)						
Reason for leaving					Phone #	
Length of Employment - From mor	nth/year	to month/year	I	ncome \$		_ per
Co- Applicants Employer's Name	e					
Employer Address				Осси	upation	
Supervisor or Person to contact					Phone#	
Dates of Employment - From month/	year	to present		_ Income \$	per	
Previous Employer (if current less t	than 3 years)			Occı	upation	
Address (complete)						
Reason for leaving						
Length of Employment - From mor						

Other sources of Income (List all you wish us to consider)

Othe	r Source of Income			Amount	per	
Othe	r Source of Income			Amount	per	
Other Source of Income				Amount	per	
Will y	ou be receiving rental assistance?	? If yes what agenc	y?			
Does	this rental assistance have a time	limit or ending date?				
Nan	ne of Creditor & Outstanding	Credit Ir Type (Car/Student loan, Credit Card	nformatio	n		
Deb	ts	Child Support, Alimony, Etc.)		hone	Approx. Balance	Monthly Payment
ſ	Personal References – D	o Not Include Relativ	ves (Neigh	nbor, co-w	orker, clients a	re preferred)
#	Name	Phone Numbers (Indicate Cell, Home or Work)	Nature of Relationship	How long have you known them?	Add	dress
1.						

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2.

3.

4.

Applicant Additional Information

Have you:	Yes	No	When (Specific date(s))
Filed a petition of bankruptcy in the past seven years?			
Ever been a defendant in any legal proceeding connected with housing?			
Ever been late paying rent or refused to pay any rent when due?			
Ever received a notice to vacate, eviction notice or court summons from any landlord?			
Ever had a landlord claim that you damaged their property?			
Ever been convicted of a felony in the last ten years?			
Ever broken a rental agreement or lease?			
Ever had a neighbor complain about you?			
Ever been arrested for drugs, violent offenses, firearms, injury to persons, rape or sexual assault?			
f you answered Yes to any of the items 1-9 above please explain the situation			
Co-Applicant Additional Informa	tion		
Co-Applicant Additional Information	tion Yes	No	When (Specific date(s))
		No	When (Specific date(s))
Have you:		No	When (Specific date(s))
Have you: Filed a petition of bankruptcy in the past seven years?		No	When (Specific date(s))
Have you: Filed a petition of bankruptcy in the past seven years? Ever been a defendant in any legal proceeding connected with housing?		No	When (Specific date(s))
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How long do you plan to stay in t	his apartment?		
Do you smoke? If yes	s will you and your guests agree not to smok	re inside the unit?	
Do you own a vacuum cleaner? _	If not, are you willing to buy o	ne?	
Do you have a pet or animals? _			
There is a process for the co	hat we have a <u>NO</u> animal policy, we ompany to allow a service animal. k oaperwork at time of submitting you	(indly inquire with the o	
Please list any aliases (other nam	es) that you have used within the past seve	n years. (maiden names or p	orior legal names)
Do you own any real estate?	If so what address		
Do you own any other assets?	if so please specify		
What is the best day and time to	interview you at your current address?		
	APPLICANT CORI REQUES	T INFORMATION	
	nc. has been certified by the Criminal Hi nation below is correct to the best of my		ccess to conviction and pending
LAST NAME	FIRST NAME		MIDDLE NAME
MAIDEN NAME OR ALIAS (IF A	PPLICABLE)		
		SEX	
DATE OF BIRTH	SOCIAL SECURITY #		
Fathers First Name	Fathers Middle Name	Fathers Last Name	
Mothers First Name	Mothers Middle	Mothers Last Name	Mothers Maiden Name

CO-APPLICANT CORI REQUEST INFORMATION

Chase Management Service, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. The information below is correct to the best of my knowledge. LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME OR ALIAS (IF APPLICABLE) **SOCIAL SECURITY #** DATE OF BIRTH SEX Fathers Middle Name Fathers First Name Fathers Last Name Mothers Middle Mothers First Name Mothers Last Name Mothers Maiden Name **Authorization**: I authorize the landlord or agent to contact all references listed to obtain information about me and to obtain a copy of credit, eviction and criminal reports. If my application is denied based upon my credit report, I will be informed of the specific reason. I agree that the Landlord may terminate any tenancy made in reliance on false or misleading information provided on this application. I understand that there is no agreement to rent until a lease/tenancy agreement is signed by Landlord. All information thus gathered by the landlord will become and remain confidential unless applicant authorizes it release. I further expressly authorize the references listed herein to release information to the landlord or agent. A photocopy shall be valid as the originals. I AFFIRM THAT THE FOREGOING IS TRUE AND CORRECT UNDER THE PAINS AND PENALITIES OF **PERJURY** Printed Name of Applicant _____ Signature of Applicant ___

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Signature of Co- Applicant

****DO NOT WRITE BELOW THIS LINE********DO NOT WRITE BELOW THIS LINE******

Date Application Received by CMS:	Time Application Received by CMS:
☐ Copy of Photo ID taken from Applicant	☐ One Month's income documentation taken from applicant
☐ Copy of Photo ID taken from Co-Applicant	
Landlord Verification sent out on what date?	
Landlord Verification received back? y/n	what date?
☐ Application Approved	☐ Application Denied
by:Da	ate
Reason(s):	
-	
	x 43% with utilities included for maximum monthly rental for an
Total Monthly income of applicant?	x 30 % rate of without utilities included for maximum monthly rental for