



HEYWOOD
WAKEFIELD
PLACE



Heywood Wakefield Place apartments
194 Central Street, Gardner, MA 01440
978-630-1403
RENTAL APPLICATION

*Note: Please fill in all sections completely.
 Failure to do so will result in processing delays or rejection of your application.
 Should you need help in completing this application, please contact our Rental Office.*

Date Occupancy Desired _____ **Size of Apartment Needed** () Studio () 1 BR
 () 2 BR () 3 BR

Unit Type Requested

() Market Rent () Section 8 () Wheelchair Adapted Unit () Low Income

1. Name _____ **Home Telephone** _____
Present Address _____
street & apt. # city or town state Zip

2. Race (Please note that completing this section is optional. The information will be used only for Fair Housing Programs as required by Federal and State laws.)

() White () African-American () Asian-American () Native American
 () Hispanic American () Other _____

3. Citizenship Status Are you a U.S. Citizen? _____ If not, please indicate Residency Status _____

Please list all landlords for the last 5 years. If more space is needed, please attach a separate sheet of paper.

4. Present Apartment () rent () own
 Name of Landlord _____ Telephone _____
 Address of Landlord _____
 Apartment size _____ Dates From _____ To _____
 Monthly Rent _____ Utility Cost Per Month _____
 Expiration Date of Lease _____

Previous Apartment () rent () own
 Name of Landlord _____ Telephone _____
 Address of Landlord _____
 Apartment size _____ Dates From _____ To _____
 Monthly Rent _____ Utility Cost Per Month _____
 Expiration Date of Lease _____

Previous Apartment () rent () own
 Name of Landlord _____ Telephone _____
 Address of Landlord _____
 Apartment size _____ Dates From _____ To _____
 Monthly Rent _____ Utility Cost Per Month _____
 Expiration Date of Lease _____

5. Employment (Please include employment of all persons to occupy apartment.)
Applicant Employed by _____ Telephone _____
 Business Address _____
 Length of Employment _____ Annual Gross Wages _____
Other Applicant Employed by _____ Telephone _____
 Business Address _____
 Length of Employment _____ Annual Gross Wages _____

6. Other Sources of Income (Please give source, address and amount)

7. Assets

Bank _____ Address _____

Saving Acct # _____ Checking Acct # _____

8. Personal References (*No Relatives Please*)

Name	Address	Telephone
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

9. Family Composition-List all those who will occupy the apartment-include yourself

Full Name of Each person In household	Relationship to head of household	age sex	Social Security Number	Full Time Student
1 _____	<u>head of household</u>	_____	_____	yes or no
2 _____	_____	_____	_____	yes or no
3 _____	_____	_____	_____	yes or no
4 _____	_____	_____	_____	yes or no
5 _____	_____	_____	_____	yes or no
6 _____	_____	_____	_____	yes or no

10. Person to Contact in Case of Emergency

Name	Address	Telephone
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- 11. Have you ever:** been evicted from tenancy? yes no
 willfully or intentionally refused
 to pay rent when due? yes no
- Have you been:** displaced by federally recognized natural
 disaster within the past two years? yes no
 displaced by public action? yes no

Please note that this is a Preliminary Rental Application and in no way ensures occupancy. Additional information may be required at a later date to complete processing of your application.

I/We hereby certify that the information furnished on this application is true, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. A consumer credit report will be requested.

I/We hereby certify that only the persons mentioned in this application will occupy the premises.

_____ Signature of Applicant	_____ Date	_____ Signature of Co-Applicant	_____ Date
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The Van Emden Management company does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the functions or services.

