

CAMBRIDGE OXFORD APARTMENTS

(203) 112-4940 Fax (203) 111-2198

Rental Application

FOR OFFICE USE ONLY	
DATE NEEDED _____	
APT. SIZE _____	RENT \$ _____
PROPERTY _____	APT. NO. _____
AGENT _____	

Applicant's Last Name	First	Middle	Birthdate	Driver's License No. & State	Soc. Sec. No.
Spouse's Name			Birthdate	Driver's License No. & State	Soc. Sec. No.
Other Occupants and Their Relationship					
(1)		(2)		(3)	
Do You Have Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many?	Kind of Pet, Breed, Weight & Age			

PART I RESIDENCE HISTORY

Present Address	City	State	Zip	How Long?	Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Name & Address of Present Landlord / Apt Community or Mortgage Co.					Phone	Monthly Pmt. \$
Previous Residence Address	Previous Landlord or Apt. Community			Phone	How Long?	

PART II EMPLOYMENT HISTORY

Applicant Employed By	Supervisor's Name			How Long?		
Address	City	State	Zip	Phone	Position	Salary \$ Per
Applicant's Previous Employment	Supervisor's Name			How Long?		
Address	City	State	Zip	Phone	Position	Salary \$ Per
Spouse Employed By	Supervisor's Name			How Long?		
Address	City	State	Zip	Phone	Position	Salary \$ Per

ADDITIONAL INCOME (OPTIONAL): Additional Income such as child support, alimony or separate maintenance need NOT be disclosed unless this Additional Income is to be included for qualification.

F Source: _____ Phone _____ Amount: \$ _____ Per _____

PART III CREDIT AND LOAN REFERENCES

No. of Vehicles on Property	Do you have any recreational vehicles, vans, boats, motorcycles? If so, specify.				
Vehicle 1 - Make / Model	Color	License No.		State	
Financed / Leased Thru	Phone	Account No.		Monthly Pmt. \$	
Vehicle 2 - Make / Model	Color	License No.		State	
Financed / Leased Thru	Phone	Account No.		Monthly Pmt. \$	

Loans & Charge Accounts (including Banks, Dept. Stores, Credit Cards, etc. Do Not List Vehicle Loans Already Listed Above)				
Owed To	Account No.	Phone	Total Owed	Monthly Payment
I				\$
J				\$
K				\$

PART IV BANK REFERENCES

Name of Bank or Financial Institution	Checking or Savings Account No.	Phone	Branch / City - State
L			
M			

In Case of Emergency, Notify	Relationship	Day Phone	Night Phone
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Applicant hereby represents that all the above statements are true, correct and complete. Applicant authorizes verification of the above information provided including, but not limited to, obtaining a consumer credit report and agrees to furnish additional information upon request. The cost of this credit processing is \$ _____ to be paid by the applicant. This cost is not rent or deposit and will not be refunded.

Applicant's Signature: _____ Date: _____

Co - Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW

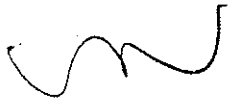
Driver's License Photo or Photo I.D. visually examined by _____

A Beacon Community

ADDENDUM TO RENTAL APPLICATION

Beacon Residential Management Limited Partnership ("Beacon") screens all rental applicants for lifetime registration requirements under a state sex offender registration program. Beacon does not admit persons with a lifetime registration requirement under a state sex offender registration program.

- Do you have a registration requirement under a state sex offender registration program? _____
- If so, in what state? _____
- Is the registration requirement a lifetime requirement? _____



CERTIFICATION

I/We certify that all information on this addendum 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 sign this Addendum to Rental Application.

SIGNATURE (S):

(Signature of Tenant)



_____ Date

(Signature of Co-Tenant)

_____ Date

(Signature of Co-Tenant)

_____ Date

(Signature of Management Representative)

_____ Date

