SAAK REALTY
2821 Washington Street
Roxbury, MA 02119
TEL: (617) 427-1327 FAX: (617) 427-9790

RENTAL APPLICATION

Applicant Name _____ **DOB:** _____ **Social Security #** _____

Present Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone: _____**Work Phone:** _____**Cell:** _____

How long have you lived at the present address? _____ **Reason for Moving** _____

Name and Address of Present Landlord _____ **Phone** _____

How long did you live at the former address? _____ **Reason for Moving** _____

Name and Address of Former Landlord _____ **Phone** _____

Employer _____ **Occupation** _____ **Salary $**_____

How long have you worked for current employer? _____ **Employer's Phone** _____

Bank Name _____ **Checking Acct #** _____ **Savings Acct #** _____

Personal Reference: _____ _____ _____
Name and address Relation Phone

How many to occupy apartment? Adults _____ Children _____ Pet(s) _____ Type of Pet(s) _____

Name & Ages of Children _____

Number of Bedrooms Needed _____ **Section 8?** ☐**Yes** ☐**No** **Certificate Expiration Date** _____

I represent that the information provided in this application is true to the best of my knowledge. You are hereby authorized to verify my (our) credit and employment references in processing this application.

_____ _____
Applicant Signature Date

PLEASE PROVIDE THE FOLLOWING TO COMPLETE THIS APPLICATION:

- ☐ Income Verification (Letter from Employer **or** copy of last 3 pay stubs)
- ☐ Copy of Section 8 Certificate (if applicable)
- ☐ Moving Acknowledgment Letter (from present landlord)
- ☐ Credit Report (if applicable)