

**RENTNOHO.COM**  
**P.O. BOX 844 NORTHAMPTON, MA 01061**  
**Phone (413) 582-0300 Fax (413) 582-0248**

**Drop off Location: 25 Main Street Suite 335 Northampton**

**ONE APPLICATION PER OCCUPANT OVER 18**

ADDRESS APPLYING FOR:		PETS?	SMOKE?
REASON FOR MOVING?		PREFERRED MOVE IN DATE:	LEASE TERM?
FIRST NAME:	INITIAL	LAST	
SOCIAL SECURITY #	EMAIL:	DATE OF BIRTH:	
LICENSE #	STATE:	HOME PHONE:	CELL PHONE:
CURRENT ADDRESS WITH APARTMENT #:			
CITY:	STATE:	ZIP CODE:	
HOW LONG? FROM:	TO:	MONTHLY RENT:	UTILITY COST:
LANDLORD NAME:	LANDLORD ADDRESS:		
PHONE:	EMAIL:	FAX:	

PREVIOUS ADDRESS WITH APARTMENT #:			
CITY:	STATE:	ZIP CODE:	
HOW LONG? FROM:	TO:	MONTHLY RENT:	UTILITY COST:
LANDLORD NAME:	LANDLORD ADDRESS:		
PHONE:			FAX:
EMAIL:			

SECOND PREVIOUS ADDRESS WITH APARTMENT #:			
CITY:	STATE:	ZIP CODE:	
HOW LONG? FROM:	TO:	MONTHLY RENT:	UTILITY COST:
LANDLORD NAME:	LANDLORD ADDRESS:		
PHONE:			FAX:
EMAIL:			

CURRENT PLACE OF EMPLOYMENT:		POSITION:
ADDRESS:		
SUPERVISOR:		
PHONE:	EMAIL:	FAX:
LENGTH OF EMPLOYMENT: FROM	TO:	GROSS MONTHLY SALARY:
ADDITIONAL SOURCES OF INCOME:		
		<b>PLEASE FILL OUT REVERSE SIDE</b>

HAVE YOU EVER BEEN CONVICTED OF THE FOLLOWING CRIMES:		
	YES	NO
RAPE		
CHILD SEXUAL ASSAULT		
VIOLENT CRIME CONVICTION		
ANY OTHER FELONY CRIME		

HAVE YOU EVER BEEN EVICTED:		
-----------------------------	--	--

LIST ALL OTHER OCCUPANTS WHO WILL BE RESIDING IN UNIT:

NAME:	RELATIONSHIP:	AGE:
NAME:	RELATIONSHIP:	AGE:
NAME:	RELATIONSHIP:	AGE:

**IN CASE OF EMERGENCY NOTIFY:**

Name:	Relationship:
Address:	Phone:
City:	State: Zip Code:

If parking comes with this property, only automobiles registered on this form may park on the premises.

Make:	Model:	Year:	Plate#:	State:
Make:	Model:	Year:	Plate#:	State:
Make:	Model:	Year:	Plate#:	State:

**I understand that all application fees are not refundable. I hereby waive all rights to the return of the fee and will forfeit same as liquidated damages in the event I decide not to enter into the leasing agreement applied for herein. The fee shall be refunded if this application is not accepted by the owner, lessor or agent. Once accepted first months rent may be due as a deposit. All rents are due and payable on the first day of each month in advance.**

**Please tell us how you hear about this rental: RentNoho.com website: \_\_\_\_\_ Tenant referral: \_\_\_\_\_ Hampshire Gazette: \_\_\_\_\_ Craigslist: \_\_\_\_\_ Other: \_\_\_\_\_**

Pursuant to the Fair Housing Law, the lessor or lessor agent shall not refuse to rent a unit to any person because of race, creed, color, religion, national origin, handicap, or familial status, nor discriminate in the terms offered or services rendered.

**RELEASE:** In consideration for being permitted to apply for this apartment, I, the applicant do represent all information on this application to be true and accurate and that owner/agent may rely on this information when investigating and accepting this application. I hereby authorize the owner/agent to make independent investigations to determine my credit, financial, criminal check and character standing. I authorize any person, or credit checking agency having any information on me to release any and all such information to the owner or their agent or credit checking agencies. I hereby release, remise and forever discharge from any action whatsoever, in law and equity, all owners, managers, employees and/or agents, both of Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I declare that a photocopy of my signature shall be as valid and the original.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Must submit separate checks with completed application: 1. \$25 Application Fee- Non Refundable  
2. Sixty Percent of Month's Rent Agency Fee-Refunded if Application in not Approved

Any additional information to add or to check status of application email sharon@rentnoho.com OR call 582-0300.