

RENTAL APPLICATION
(SUBJECT TO CAMBRIDGE IVY INN APPROVAL)

NAME OF APPLICANT: _____
PHONE: _____
EMAIL: _____
PRESENT ADDRESS: _____

NOTIFY IN CASE OF EMERGENCY, NAME / PHONE: _____

APPLYING FOR APT / STUDIO / ROOM: _____
LEASE START DATE (1ST DAY OF 1ST MONTH): _____
LEASE END DATE (LAST DAY OF LAST MONTH): _____
NUMBER OF ADULTS TO OCCUPY THE UNIT: _____
NAMES AND AGES OF MINOR CHILDREN (18 OR UNDER): _____
NAME OF ALL CO-TENANTS (EACH ADULT MUST FILE A SEPARATE APPLICATION): _____

BASE RENT PER MONTH \$: _____
LAST MONTH RENT DEPOSIT \$: _____
ONE-MONTH SECURITY DEPOSIT \$: _____
OTHER MONTHLY CHARGES BY OWNER: None.

FIRST MONTH IS DUE WITH SIGNED LEASE.
LAST MONTH AND ONE-MONTH SECURITY IS DUE ON OR BEFORE MOVE-IN DATE.

EMPLOYER / SCHOOL IN BOSTON: _____ **ID NUMBER:** _____
EMPLOYER / SCHOOL PHONE / EMAIL: _____
EMPLOYER / SCHOOL ADDRESS: _____
OCCUPATION / SOURCE OF INCOME: _____
SALARY: _____

PERSONAL RENT GUARANTOR NAME / PHONE: _____
(IN CASE THAT THE APPLICANT FALLS BEHIND ON THE RENT, THE APPLICANT / TENANT GIVES PERMISSION FOR CAMBRIDGE IVY INN TO CONTACT THE RENT GUARANTOR. PLEASE INITIAL: _____)

PLEASE INITIAL IF APPLICANT IS OVER 18 YEARS OF AGE: _____

IS APPLICANT A CONVICTED FELON? (Y?N): _____. If "Yes", please submit detail of conviction(s).

Pursuant to Massachusetts law, the Management shall not make any inquiry concerning race, religious creed, color, national origin, sex, sexual orientation, age (except if a minor), ancestry or marital status of the Applicant or concerning the fact that the Applicant is a veteran or a member of the armed forces or is handicapped. The Applicant authorizes the Landlord, CAMBRIDGE IVY INN, to obtain or cause to be prepared a consumer credit report relating to the Applicant.

The undersigned warrants and represents that all statements herein are true and agrees to execute the Rental Lease that is available at harvard-housing.com website, which the Applicant has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Deposits are to be applied as shown above, or applied to actual damages sustained by the Owner, except that the deposits are refunded if said application is not accepted by the Owner.

APPLICANT Signature: _____ **Date:** _____

Landlord/Representative: _____ **Date:** _____