

**UNITED PROPERTIES LLC**

105A FERRY STREET, MALDEN, MA 02148

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ANDREAS@UNITEDPROPERTIESINC.COM

PROPERTY LOCATION

DATE:	MOVE-IN DATE:
APT #:	ADDRESS:
DEPOSIT TO SECURE APARTMENT \$	

PLEASE TELL US ABOUT YOURSELF

FULL NAME:		CELL #:	HOME #:
BIRTH DATE: / /	Social Security #:	--	Driver's License #:
AUTOMOBILE MAKE:	MODEL:	YEAR:	LICENSE PLATE #:

ALL OTHER PROPOSED OCCUPANTS

ALL OTHER PROPOSED OCCUPANTS	DOB	RELATIONSHIP TO APPLICANT
CRIMINAL BACKGROUND CHECK		
Have you ever been evicted ? () Yes () No	Have you served any jail time ? () Yes () No	
Are you a convicted Sex Offender ? () Yes () No	If so, Please list charges and dates ?	

PLEASE GIVE YOUR RESIDENCE HISTORY

CURRENT ADDRESS:		Apt #:	City:
Number of Bedrooms:	Is Heat & Hot water included YES / NO	Last months Rent:	Security Deposit:
Month & Year Moved In:	Why are you moving ?:		
Landlord:	Phone #:	Monthly Rent:	
PREVIOUS ADDRESS:		Apt #:	City:
Month & Year Moved In:	Why did you move ?:		
Previous Landlord:	Phone #:	Monthly Rent:	

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

CURRENT EMPLOYER:			
Address:		City:	Zip:
Date(s) Employed / From	to	Position:	
Supervisor:	Phone:	Gross Monthly Salary:	

PLEASE GIVE YOUR SOURCE OF INCOME IF YOU ARE NOT EMPLOYED

SOURCE OF INCOME # 1	Monthly Amount:
SOURCE OF INCOME # 2	Monthly Amount:

PLEASE GIVE SECTION 8 INFO IF YOU HAVE A HOUSING VOUCHER

Which housing is your voucher from ?	Housing Phone #
Leasing Officers Name:	Housing Workers Phone #
Social Worker name:	Social Worker's Phone #

I Believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I agree to pay \$20 for a Tenant Report.

Signature of Applicant:	Date:
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