



RENTAL APPLICATION

Thank you for choosing *CAPE COD APARTMENT FINDERS* in your search for an apartment.

HOW DID YOU HEAR ABOUT US?

NEWSPAPER ___ RADIO ___ PHONEBOOK ___ INTERNET ___
REFERRAL ___ SIGN ___ OTHER ___

PLEASE TAKE TIME TO FILL OUT THE APPLICATION COMPLETELY AND ACCURATELY.

An application may be rejected for, but not limited to, falsifying information, unfavorable credit, unfavorable references, insufficient income, Social Security numbers, all present and previous landlord information is especially vital and necessary.

A NON-REFUNDABLE PROCESSING FEE OF \$10.00 IS REQUIRED TO PROCESS THE APPLICATION. Original applications must be returned to us. We are unable to process faxed or photocopies of applications. Roommates must fill out separate applications. If the application is accepted, the \$10.00 fee will be applied to the first month's rent.

With **PRIOR** permission, animals (cats or dogs) with a 20-pound grown weight limit are allowed in some units. A separate charge of \$20.00 a month will be assessed for the pet. No more than two pets are allowed. No house, storage, or utility trailers, boats, recreational vehicles, portable houses, tents or other temporary shelters shall be parked or stored in the open or used as a temporary or permanent residence on the Lot. No unregistered vehicles shall be kept or stored in the open and no buses or commercial vehicles of any kind except pre-approved pickup trucks or vans of not more than ¾ ton capacity shall be parked in the open overnight.

Individuals allowed to live in the unit are those named on the application and lease only.

All leases are written for one year.

****INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED****
WE SHALL VERIFY ALL INFORMATION

I hereby apply for an apartment. By signing this form, I understand that a credit, income and reference check will be undertaken to determine my rental history and my ability to pay rent. With my signature below, I request all credit reporting services, employers, credit and personal references to disclose any requested information about me.

APPLICANT

DATE

5 East Main Street . West Yarmouth, MA 02673 . 508.778.0073 . Fax 508.778.5024
Mailing Address: P.O. Box 1185 . Hyannis, MA 02601

Cape Cod
Apartment
F I N D E R S

RENTAL ADDRESS _____ BASE RENT _____
SECURITY DEPOSIT _____ ADTL PET FEE _____

NAME: _____
SOCIAL SECURITY# _____
HOME PHONE # _____ CELL# _____ WORK # _____
CHILD'S NAME _____
CHILD'S NAME _____

PRESENT RESIDENCE _____
YEARS LIVED THERE _____ MONTHLY RENT/PAYMENT _____ RENT? ___ OWN? ___
PRESENT LANDLORD/MORTGAGE CO. _____ PHONE# _____

PRIOR RESIDENCE _____
YEARS LIVED THERE _____ MONTHLY RENT/PAYMENT _____ RENT? ___ OWN? ___
PRIOR LANDORD/MORTGAGE CO. _____ PHONE# _____

PRESENT OCCUPATION _____
EMPLOYER _____ Manager's Name _____
ADDRESS _____
YEARS EMPLOYED _____ WORK PHONE # _____
INCOME _____ WK/MO/YR (PLEASE CIRCLE)

PREVIOUS EMPLOYER _____
ADDRESS _____
YEARS EMPLOYED _____ WORK PHONE # _____

CREDIT REFERENCES
BANK _____
HAVE YOU EVER: FILED FOR BANKRUPTCY? _____ BEEN EVICTED? _____ REFUSED TO
PAY RENT AT ANY RESIDENCE? _____ IF YOU ANSWERED YES TO ANY OF THE
ABOVE, PLEASE EXPLAIN _____

EMERGENCY CONTACT	ADDRESS	PHONE#
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MAKE & MODEL OF VEHICLE	COLOR & YEAR	LICENSE#
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MAKE & MODEL OF VEHICLE	COLOR & YEAR	LICENSE#
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