



**APPLICATION FOR APARTMENT**

**Van Deene Manor Apartments  
West Springfield, MA**

How did you hear about us? \_\_\_\_\_

**Applicant Information**

Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 How long? \_\_\_\_\_ Lease: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Lease Expiration Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_ Landlord's Phone No.: \_\_\_\_\_  
 Previous Address: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Employment Information**

**Current Employer (Company Name):** \_\_\_\_\_

Employer's Address \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_  
 Employment Dates: \_\_\_\_\_ Salary \$ \_\_\_\_\_

**Previous Employer (Company Name):** \_\_\_\_\_

Employer's Address \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_  
 Employment Dates: \_\_\_\_\_ Salary \$ \_\_\_\_\_

**Other Income: If yes, Source** \_\_\_\_\_

Amount \$ \_\_\_\_\_ Verification Contact: \_\_\_\_\_

**Motor Vehicles Information**

Make/Model	Year	Color	License Plate #	State
1.				
2.				
3.				

**Pet Information – Certain Restrictions Apply – All Animals Require Manager Consent**

Type: \_\_\_\_\_ Weight \_\_\_\_\_ Description \_\_\_\_\_

Type: \_\_\_\_\_ Weight \_\_\_\_\_ Description \_\_\_\_\_

**Criminal Background Information**

Do you (or any potential occupants in the apartment) have charges pending against you (or them) for any criminal offense?

Applicant: \_\_\_Y \_\_\_N      Occupants: \_\_\_Y \_\_\_N

Have you (or any potential occupants in the apartment) been convicted of any criminal offense; or entered a plea of “guilty” or “no contest” to any criminal offense; or had any criminal matter disposed of in a manner other than acquittal or a finding of “not guilty”?

Applicant: \_\_\_Y \_\_\_N      Occupants: \_\_\_Y \_\_\_N

If “Yes” to any of the above questions, give details and dates, including the county and state in which the incident occurred:

**List of Occupants, including Applicant (All Occupants over 18 of age must complete an application)**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I certify that all information provided on this application is true and complete. My signature above authorizes permission to verify any of the information contained in this application and verification of credit history from a consumer-reporting agency throughout the duration of the Lease Agreement and subsequent Renewals.

**\*The Security Deposit paid is *not refundable* if this Application is approved following verification\***