

- 1 bedroom
- 2 bedrooms

Please return application to DROP BOX @
 18 Logan Drive or email to
 susan.simply@yahoo.com Date _____

Cambridge Rentals Application

APPLICANT INFORMATION (_____) _____ (phone)

FULL Name	Social Security #	Drivers License #	State	Birthdate
All other names in which you have been known:				
Email Address:				

OTHER PERSONS TO OCCUPY THE PROPERTY

FULL Name	Relationship	D.O.B.	Occupation

RESIDENTIAL HISTORY (List ALL residences for at least the past 2 years. Begin with most recent.)

Street Address	City, State	Dates
Monthly Rent	Landlord Name	Landlord Phone #
Current Lease Expiration Date	Desire For Moving	

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Monthly Rent	Landlord Name	Landlord Phone #
Current Lease Expiration Date	Desire For Moving	

CURRENT STATUS

Employed Yes No MSU Student Yes No Retired/Disabled Yes No
 Full-time Yes No Full-time Yes No

IF EMPLOYED

Company	Position
Address	Supervisor Name
Date of Employment	Gross Income (prior tax return)

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Address	Supervisor Name
Date of Employment	Gross Income (prior tax return)

OTHER SOURCES OF INCOME

Do you receive income from any of the following sources? Yes or No

Family Assistance _____ Social Assistance _____ VA _____ Student Loans _____ Other _____

Please give any details about the income and a person to contact for verification and phone number:

Have you ever been arrested for a felony or convicted for a misdemeanor?	Yes	No
Have you ever been evicted or refused to pay rent for any reason?	Yes	No
Have you filed for bankruptcy in the past 5 years?	Yes	No
Have you ever damaged any prior property?	Yes	No
If you answered yes to any of the above, please explain:		
Is there anything we may find in a criminal or credit background check that you want to comment on or explain?		

PERSONAL REFERENCES

Name	Relationship
Address	Phone Number
How long have you known this person?	

Name	Relationship
Address	Phone Number
How long have you known this person?	

Name	Relationship
Address	Phone Number
How long have you known this person?	

ANIMALS

Dog Name	Breed	Approx. Age	Gender	Spayed/Neutered Yes <input type="checkbox"/> No <input type="checkbox"/>

Cat Name	Breed	Approx. Age	Gender	Spayed/Neutered Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Animal	Breed	Approx. Age	Gender	Spayed/Neutered Yes <input type="checkbox"/> No <input type="checkbox"/>

AUTOMOBILES/VEHICLES/TRAILER/MOTORCYCLE

Make	Model	Year	License Plate #

EMERGENCY CONTACT INFO

Emergency contact name	Address
Telephone Number	Email Address

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Telephone Number	Email Address

CONSENT AND ACKNOWLEDGMENT

I authorize the individual to whom this application is submitted to:

- A) Contact references and any persons named in this application.
- B) To perform a credit and/or criminal check to assess my suitability as a tenant/lessee.

By signing this application, you verify all information is truthful and complete.

Applicant's Signature _____ **Date** _____