

# KASL LLC

22 Jackson Drive, Acton, MA 01720

Phone: 978.274.2100

## Rental Application

Note: This application must be completed with accuracy and signed in order to be processed. Each adult applicant must complete an application in full. Incomplete applications may be cause for rejection.

**PLEASE PRINT CLEARLY !**

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone Cell : \_\_\_\_\_ Home: \_\_\_\_\_ Office: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

NO POST OFFICE BOXES

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever been known by another name? List \_\_\_\_\_

### **Residential History** - (Indicate if Landlord is Relative)

Present Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Include Area Code)

How Long At Current Address: \_\_\_\_\_ Rent: \_\_\_\_\_ Utilities Inc. Yes or No

Reason for Leaving: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Include Area Code)

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
(required if applicable)

How Long At Previous Address: \_\_\_\_\_ Rent: \_\_\_\_\_ Utilities Inc. Yes or No

Other than yourself, WHO else will be renting & living in this apartment. List all occupants.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Use other side of application if more space is needed.

### Employment History – Source of Income

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Human Resources-Payroll-Personnel

Contact Person to verify: \_\_\_\_\_ Your Position: \_\_\_\_\_  
Human Resources-Payroll-Personnel

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Gross Salary: \$ \_\_\_\_\_ Per: \_\_\_\_\_  
(Pay Stub may be required)

If less than 5 yrs. List Previous Employer: \_\_\_\_\_

Contact Person to Verify: \_\_\_\_\_ Phone: \_\_\_\_\_

**OR**

SSI: \_\_\_\_\_ Welfare: \_\_\_\_\_ A.F.D.C.: \_\_\_\_\_ Section 8/707/RHI: \_\_\_\_\_ Other: \_\_\_\_\_

### Other Information

Vehicle #1: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle #2: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_

Total Number of occupants who will be living in this apartment: \_\_\_\_\_

NO Unregistered Motor Vehicles are allowed on the property. Utilities (if applicable) must be in tenants name before occupancy. Small / No pets allowed (circle one).

### Personal References (NO RELATIVES)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of EMERGENCY notify: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**KASL LLC**  
Phone 978.274.2100

Please read the following in full before signing  
By signing it is agreed that you understand the following

Applicant Name: \_\_\_\_\_ SS# \_\_\_\_\_  
PLEASE PRINT DOB: \_\_\_\_\_

HAS THE APPLICANT EVER:

**Filed Bankruptcy** No [ ] Yes [ ]                      **Been evicted**                      No [ ] Yes [ ]

**Refused to pay rent** No [ ] Yes [ ]                      **Have a criminal record** No [ ] Yes [ ]

**Been arrested for Drug usage or Trafficking in Drugs** No [ ] Yes [ ]

If you answered YES to any of the above you may explain:

\_\_\_\_\_  
\_\_\_\_\_

I do hereby consent to and authorize any representative of KASL LLC to obtain, verify and exchange information on any reports concerning me as are maintained by, but not limited to: City, County, State, Federal Law Enforcement Agencies, Credit Reporting Agencies, past and/or present Employers and Landlords. I understand that any information obtained may be considered by KASL LLC in their sole discretion, as a factor in decisions they make, with respect to the apartment for which I am applying.

I hereby release and hold harmless; agents, owners and affiliates of, but not limited to: their officers, directors, employees, law enforcement agencies, credit reporting agencies, present and/or past employers, present and past landlords, that shall provide information to KASL LLC.

I hereby certify that the information contained in this rental application is accurate, full and complete. Any discrepancy or lack of information will result in immediate rejection of this application. I understand that this is an application for an apartment and does not constitute a rental agreement in whole or part.

*The application requires a Deposit and Application Processing Fee. I understand that*

- *The Deposit is being held toward the 1<sup>st</sup> month's rent and is non-refundable if the Applicant(s) are accepted and fail to move in.*
- *The Application Processing Fee is non-refundable.*

Additionally, by signing, it is understood that I am declaring that I am 18 years of age or older & are capable of providing proof of my age if requested.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please SIGN Legibly

**KASL LLC  
RECEIPT**

Date: \_\_\_\_\_

Received:

Deposit: \_\_\_\_\_

Application Processing Fee: \_\_\_\_\_ (\$35 per Applicant + \$15.)

From Applicant(s):

#1: \_\_\_\_\_

#2: \_\_\_\_\_

Note that

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Core Rental Terms:

Start Date: \_\_\_\_\_

Duration: \_\_\_\_\_

Number of Pets: Cat: \_\_\_\_\_ Dog: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ (including any pet fees)

Security Deposit: \_\_\_\_\_ (including any pet fees)

Last month rent reqd on signing lease\*: Yes/No

Early move date: \_\_\_\_\_ (prorated rent will be required.)

Key lock change fee: \_\_\_\_\_ (Optional)

A/C fee (if landlord pays for electricity): \_\_\_\_\_ (Optional)

Others: \_\_\_\_\_

Leasing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

\*Last month rent is generally required but may be waived for very well qualified applicants.

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