

**LEDGEWOOD COMMONS**

3 LEDGEWOOD BOULEVARD, NO. DARTMOUTH, MA 02747  
 Phone: 508-995-0333 Fax: 508-995-0015

Rental Application  
 (Subject to Approval)

Initial if over 18 \_\_\_\_\_  
 Desired Move-In Date \_\_\_\_\_  
 Apartment # \_\_\_\_\_

**APPLICANT**

LAST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DAY TIME PHONE #
FIRST NAME	EMAIL ADDRESS		EVENING TIME PHONE #

**CURRENT ADDRESS INFORMATION**

(MONTH / YEAR)

PRESENT ADDRESS - PERMANENT	CITY/STATE/ZIPCODE	FROM	TO
NAME OF COMPLEX / MANAGEMENT	STREET/CITY/STATE/ZIP CODE	Monthly Payment \$	
CONTACT PERSON	EMAIL ADDRESS	PHONE #	FAX #

If current address is less than 3 years, prior landlord(s) is required.

**PRIOR ADDRESS #1 INFORMATION**

(MONTH / YEAR)

PRESENT ADDRESS - PERMANENT	CITY/STATE/ZIPCODE	FROM	TO
NAME OF COMPLEX / MANAGEMENT	STREET/CITY/STATE/ZIP CODE	Monthly Payment \$	
CONTACT PERSON	EMAIL ADDRESS	PHONE #	FAX #

**PRIOR ADDRESS #2 INFORMATION**

(MONTH / YEAR)

PRESENT ADDRESS - PERMANENT	CITY/STATE/ZIPCODE	FROM	TO
NAME OF COMPLEX / MANAGEMENT	STREET/CITY/STATE/ZIP CODE	Monthly Payment \$	
CONTACT PERSON	EMAIL ADDRESS	PHONE #	FAX #

**INCOME SOURCE - INCOME CONTACT INFORMATION**

DATE EMPLOYED

EMPLOYMENT / SAVINGS / GRAD SCHOOL	OCCUPATION	YEARLY INCOME	FROM	TO
NAME OF COMPANY / BANK / GRAD SCHOOL	STREET/CITY/STATE/ZIP CODE	PHONE #		
Contact Person	EMAIL ADDRESS	FAX #		

If current employer is less than one year, prior employer(s) is required.

**SECOND or PRIOR INCOME SOURCE INCOME CONTACT INFORMATION**

DATE EMPLOYED

EMPLOYMENT / SAVINGS / GRAD SCHOOL	OCCUPATION	YEARLY INCOME	FROM	TO
NAME OF COMPANY / BANK / GRAD SCHOOL	STREET/CITY/STATE/ZIP CODE	PHONE #		
Contact Person	EMAIL ADDRESS	FAX #		

List all ADULT household members (INCLUDING YOURSELF) over the age of 18.  
Each adult member must file a separate application.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

List names and date of birth of all minor children.

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
1) _____	_____	2) _____	_____

Have you ever been convicted of a criminal felony? \_\_\_\_\_  
(A conviction record may not necessarily lead to a rejection of your application)

Are you or any members of the household been convicted of an illegal manufacture, distribution, or possession of a controlled substance:  
If Yes, explain: \_\_\_\_\_

List the year, model and state of registration of all cars in the household:

Year _____	Model _____	State _____
Year _____	Model _____	State _____

Do you have a water bed? \_\_\_\_\_ If yes, list the water insurance company: \_\_\_\_\_  
Do you have a pet? \_\_\_\_\_ If yes, list the type: \_\_\_\_\_

**OTHER INFORMATION or COMMENTS:**

Have you ever lived in Dartmouth for two or more years with children eligible for the Dartmouth Public School System: \_\_\_\_\_  
Did you attend Dartmouth High School: \_\_\_\_\_ Did you attend GNBRTVHS as a resident of Dartmouth: \_\_\_\_\_

PLEASE NOTE THIS IS A PRELIMINARY APPLICATION AND DOES NOT INDICATE OUR APPROVAL FOR AN APARTMENT. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF YOUR APPLICATION. YOUR SIGNATURE BELOW GRANTS MANAGEMENT YOUR CONSENT TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION.

I, \_\_\_\_\_, hereby give full permission for LEDGEWOOD COMMONS to obtain credit history, landlord references, criminal history, housing court information and any other information that may be needed to process this application. Information may also be obtained directly from the sources provided on my application. I warrant and represent that all statements herein are true.

Please be informed that all apartments at LEDGEWOOD COMMONS are rented to individuals without regard to race, color, religion sex, handicap, familial status, national origin or sexual orientation and LEDGEWOOD COMMONS practices Equal Housing Opportunity.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a 12-month lease, a copy of which the applicant has received or has occasion to examine, which lease or agreement may be terminated by the Lessor if any statements herein made are not true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Cancellation of this application by applicant must be made within 3 days for refund of \$100.00. The deposit taken with this application is to be applied to the security deposit if the application is approved. If the applicant fails to execute a lease, then the deposit shall be retained by the owner/agent as liquidated damages. However, the owner/agent will refund the deposit if this application is not approved.