

# Commercial Rental Application

(SUBJECT TO OWNER'S APPROVAL)

GRANITE MANAGEMENT CO.  
100 HANO STREET #24  
ALLSTON, MA 02134  
Tel. 617-783-2662  
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*(Please fill out completely and sign below)*

NAME OF APPLICANT		HOME PHONE	CELL PHONE	E-MAIL ADDRESS
PRESENT ADDRESS		DATES OF CURRENT OCCUPANCY: FROM		TO
CITY	STATE	ZIP	AUTOMOBILE: MAKE/YEAR/REG. STATE & NO.	SOCIAL SECURITY#
PRESENT LANDLORD	COMPLETE ADDRESS			PHONE NUMBER
FORMER LANDLORD	OCCUPANCY	COMPLETE ADDRESS		PHONE NUMBER
CURRENT EMPLOYER	COMPLETE ADDRESS			PHONE NUMBER
OCCUPATION/SOURCE OF INCOME	TYPE OF BUSINESS	SALARY		LENGTH OF EMPLOYMENT
FORMER EMPLOYER	LENGTH OF EMPLOYMENT	COMPLETE ADDRESS		PHONE NUMBER
PERSONAL REFERENCE (NAME)	COMPLETE ADDRESS			PHONE NUMBER
IN CASE OF EMERGENCY NOTIFY (NAME)	COMPLETE ADDRESS			PHONE NUMBER
CREDIT REFERENCE	COMPLETE ADDRESS			PHONE NUMBER
BANK - CHECKING ACCOUNT	BRANCH ADDRESS			ACCOUNT NUMBER
BANK - SAVINGS ACCOUNT	BRANCH ADDRESS			ACCOUNT NUMBER

## NAME OF ALL CO-TENANTS (EACH ADULT MUST FILE A SEPARATE APPLICATION)

STE.NO./TYPE	TOTAL NO. OF OCCUPANTS	Base rent per month \$
ADDRESS		Subject to escalation as set forth in lease)
CITY	OCCUPANCY DATE	RENT BEGINS
TERM OF LEASE (MONTHS)	FROM (DATE)	TO (DATE)
		Other Monthly Charges (e.g. parking, etc.)
		Key/Lock
		Last Month's Rent
		Security Deposit
		Deposit on Account
		Balance Due
		Upon Acceptance

### Base rent and other monthly charges are due and payable on the first day of each month in advance.

Subject to Massachusetts law, the Management shall not make any inquiry concerning race, religious creed, color, national origin, sex, sexual orientation, age, (except if a minor), ancestry, gender identity, genetic information or marital status of the Applicant or concerning the fact that the Applicant is a veteran or a member of the armed forces or is handicapped. The Applicant authorizes the Management and/or Renting Agency to obtain or cause to be prepared a consumer credit report relating to the Applicant.

Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, water or otherwise, unless caused by their negligence.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Rental Housing Association Lease or Tenancy at Will agreement in the usual form, a copy of which the Applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Deposit is to be applied as shown above, or applied to actual damages sustained by the Owner, except it is to be refunded if said application is not accepted by the Owner. This application and deposit are taken subject to previous applications.

The Renting Agent is an independent contractor and has no authority to make any representation concerning the premises; the Renting Agent is only authorized to show the apartment for rent and to assist in the screening of Rental Applicants.

Renting Agent.....Signature.....

