



Residency Application
State of Massachusetts

Apt. # Monthly Rent: \$
Move-in Date: Lease Term:
Monthly Fees: \$ \$ \$
Specials:

COMMUNITY NAME LEASING CONSULTANT

APPLICANT #1

Resident Co-signer

Name (As it appears on ID) Date of Birth
Address SSN #
City State Zip Salary \$ monthly yearly
Phone Other Income: (Amount)
Email Have you ever been convicted of a felony? Yes No

APPLICANT #2

Resident Co-signer

Name (As it appears on ID) Date of Birth
Address SSN #
City State Zip Salary \$ monthly yearly
Phone Other Income: (Amount)
Email Have you ever been convicted of a felony? Yes No

List all other occupants including children. (All occupants aged 18 years or older must be listed as a Resident and must sign the application.)

1.) Date of Birth 3.) Date of Birth
2.) Date of Birth 4.) Date of Birth

PET INFORMATION

Do you have a pet? Yes No (Pets accepted only with the consent of this property.)

Pet Type Breed Weight Name Color
Pet Type Breed Weight Name Color

I hereby remit \$ . In consideration of this, Lighthouse Management Services, LLC agrees to reserve UNIT # until DATE .

If this application is accepted, my \$ will be applied as follows: \$65 will be applied to a rekey fee and \$ will be applied towards my security deposit. I agree to pay any additional security deposit required.

If this application is declined, or I do not become a resident, any amounts I paid will be refunded.

I consent to allow Lighthouse Management Services, LLC, through its agent and employees, to obtain and verify my credit information, criminal history, investigative consumer report, consumer report, employment, income, and landlord references, for any purpose, including determining whether or not to lease me an apartment. I understand that should I lease an apartment, Lighthouse Management Services, LLC shall have a continuing right to review these items, in addition to my residency application, payment history and occupancy history for account review purposes and for improving application methods. Lighthouse Management Services, LLC may obtain information from any source and may exchange credit information with consumer reporting agencies. I also affirm that all information in this application is true and complete. I make this representation knowing that if any such information proves false, Lighthouse Management Services, LLC may cancel and annul any lease given in reliance upon such information.

Signature Date

Signature Date

For Office Use Only

Approved Declined (See SafeRent.)

\$ total required Deposits(s)
\$ total required Non-refundable Fee(s)

Approved with Conditions (check condition that applies below):

- a. \$ total required standard Deposit(s) plus
\$ total required Additional Security Deposit
and \$ total required Non-refundable Fee(s)
b. Approved with a Co-signer approved through SafeRent

Property Management Signature
(Attach all verifications and SafeRent decisions.)

