

SHIP'S WATCH APARTMENTS

4001 North Main Street ■ Fall River, MA 02720 ■ Tel 508.677.2400 ■ Fax 508.678.5134 ■ TTY: 711
E-Mail: ShipsWatch@BeaconCommunitiesLLC.com

Please print clearly. Please use black or blue ink ONLY. Applications with white out or applications completed in pencil will not be accepted. * If something below does not apply to you, please write "N/A".

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Work Telephone: () _____

Email Address: _____

Bedroom Size Requested: 1 Bdrm 2 Bdrm Handicap Accessible

List ALL persons who will occupy the apartment. Please fill in all requested information.

	Name	Birthdate	SS#	Gender	Relationship	Annual Wage
Applicant						
Co-Applicant						
(3)						
(4)						

Will a pet be part of your family? Yes No

How did you hear about this *Beacon Community*? _____

Why have you selected/applied to live at a *Beacon Community*? _____

Do you or any members of your household require any reasonable accommodations to be made to your apartment (i.e., wheelchair access, apparatus for the hearing impaired, etc.)? Yes No

If yes, please describe: _____

Present Housing: Do you Own Rent Other

If "other", what is your relationship to the current landlord? _____

Name of **Present** Landlord: _____

Address: _____

City _____ State _____ Zip _____ Tel. #: () _____ Fax #: () _____

Dates of Residency: From _____ To _____ Monthly rent: \$ _____ Utilities: \$ _____

If above listed residency is less than 5 (five) years, please complete the following:

Name of **Previous** Landlord: _____

Address: _____

City _____ State _____ Zip _____ Tel. #: () _____ Fax #: () _____

Dates of Residency: From _____ To _____ Monthly rent: \$ _____ Utilities: \$ _____

Name of **Previous** Landlord: _____

Address: _____

City _____ State _____ Zip _____ Tel. #: () _____ Fax #: () _____

Dates of Residency: From _____ To _____ Monthly rent: \$ _____ Utilities: \$ _____

Current Employment – Applicant

Employer: _____ Occupation: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Telephone #: () _____ Employment Dates: From _____ To _____ Salary: \$ _____

Verification Contact Person: _____ Telephone: () _____ Fax: () _____

Current Employment - Co-Applicant

Employer: _____ Occupation: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Telephone #: () _____ Employment Dates: From _____ To _____ Salary: \$ _____

Verification Contact Person: _____ Telephone: () _____ Fax: () _____

Other Income

Monthly Amount

Social Security : _____ \$ _____

Suppl. Soc. Income (SSI): _____ \$ _____

Veteran's Assistance: _____ \$ _____

Pensions: _____ \$ _____

Other Income: _____ \$ _____

Bank References

Name Bank Address Type of Account Account No.

Credit References

Name Type of Account Account No.

Assets

Stocks _____ Bonds _____
Real Estate _____ 401(k)/Retirement Fund _____
Other _____

DEMOGRAPHIC INFORMATION (Optional)

These are optional questions, but are important for fair housing purposes.
Please indicate appropriate category.
If you choose not to answer, please write N/A in the space provided. Thank you.

Race of Head of Household # _____

- | | | |
|--------------------------------------|---------------------|--------------|
| 1. American Indian or Alaskan Native | 3. African American | 5. Caucasian |
| 2. Asian or Pacific Islander | 4. Hispanic | 6. Other |

In Case of Emergency, Please Contact:

Name: _____ Relationship: _____
Address: _____ City _____ State _____ Zip _____
Home Telephone () _____ Work Telephone: () _____

I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing.

In consideration for being permitted to apply for this apartment, I Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and character standing. Applicant authorizes any person, or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever.

Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors) or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

The above statements are made under the penalties of perjury and all must be verified.

Applicant's Signature: _____ Date: _____

Leasing Agent Signature: _____ Date: _____



AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant:

Community Name: ***Ship's Watch Apartments***
 4001 North Main Street
Address: Fall River, MA 02720
 508-677-2400

As managing agents for **Ship's Watch Apartments**, we are required to verify the eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

Property Manager

Print Name

Date

Release by Applicants/Residents

I hereby authorize you to furnish all requested information.

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

ADDENDUM TO THE RENTAL APPLICATION

Beacon Residential Management prohibits the admission to its communities of persons with a lifetime registration requirement under a state sex offender registration program.

- Do you have a registration requirement under a state sex offender registration program? _____
- If so, in what state? _____
- Is the registration requirement a lifetime requirement? Yes No

CERTIFICATION

I/We certify that all information on this addendum is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign this Addendum to the Rental Application.

SIGNATURE(S):

(Signature of Applicant)	Date
(Signature of Co-Applicant)	Date
(Signature of Co-Applicant)	Date
(Signature of Management Representative)	Date