

Rental/Credit Application

PO Box 1119 Sagamore Beach MA 02562 Info@otmproperties.com 781-571-9474

Personal Information					
DateInterviewed by	Apartment Add	dress			
Name of Applicant					
	Telephone No				
	Drivers license No				
	ess				
City					
Prior Address	State	Zip			
How many will be living in this unit? Adult	tsChildren	Pets			
Employer	Occupation				
Current Salary	How long?				
Contact Person	Telephone No				
Spouse Information		- · · ·			
Name of Spouse	Date of Birth	Telephone No			
Social Sec. No.	Drivers License No Employer _				
	Occupation	Current Salary			
How long?	Contact Person	Telephone No			
Has you spouse ever filed for bankruptcy?	Yes No No				
Banking Information					
Banking mornation					
Bank Name	Branch				
Telephone No.	Address				
Checking Account No.	Savings Account No				

Other Information						
Number of vehicles (inc	uding company vehi	cles)				
Make/Model	Year	Color	Tag No	State		
Make/Model	Year	Color	Tag No	State		
Make/Model	Year	Color	Tag No	State		
Make/Model	Year	Color	Tag No	State		
Acknowledgment						
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I/We, the undersigned, understand thatis the leasing agent and representative for the owner/landlord. The undersigned acknowledge that this written notice was received prior to undersigned receiving a lease agreement.						
Applicant's Signature	Date	Co-Applic	cation's Signature	Date		
Consent to Obtain Credit	/ Employment Inforr	nation				
I/We authorizeto investigate my/our credit qualification and hereby release, in any manner all of the information obtained by you. I/We further release all persons, agencies, or firms from any liabilities resulting from providing such information.						
I/We declare under penalty of perjury that the information listed in this application is true and correct.						
Executed on this	day	/ of	20	,		
			, state of,			
Applicant's Signature	Date	Co-Appli	cation's Signature	Date		