RENTNOHO.COM 19A Hawley St, Northampton, MA 01060 Phone (413) 582-0300 Fax (413) 582-0248

Drop off Location: 19A Hawley St, Northampton. Use secure drop slot or call for office hours. ONE APPLICATION PER OCCUPANT OVER 18 - PLEASE COMPLETE IN ENTIRETY TO AVOID DELAYS *If overnighting application, please waive any signature requirements

*If emailing application, please leave Social Security # and Date of Birth fields blank and call office *Providing email addresses for references will help to expedite the application process

ADDRESS APPLYING FOR:

LISTING # MONTHLY RENT \$ REASON FOR MOVING? CURRENT LEASE END DATE: ANIMALS? HOW MANY? IF YOU HAVE AN ANIMAL, PLEASE HA FIRST NAME: SOCIAL SECURITY # IS YOUR CREDIT REPORT CURRENTI EMAIL: CURRENT ADDRESS WITH APARTMEN	BREED AVE CURRENT VACCINA MIDDLI DATE (-	DO YOU SMOKE? EMAILED
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IS YOUR CREDIT REPORT CURRENTLE		OF BIRTH:	
EMAIL:	Y FROZEN?		
CURRENT ADDRESS WITH APARTMEN		CELL PHONE:	
	NT #:		
CITY:	STATE:		ZIP CODE:
DATES OF TENANCY FROM:	TO:	MONTHLY RENT:	UTILITY COST:
CURRENT LANDLORD NAME:			
LANDLORD ADDRESS:			
EMAIL:			
PHONE:		FAX:	
PREVIOUS ADDRESS WITH APARTME	NT #:		
CITY:	STATE		ZIP CODE:
DATES OF TENANCY FROM:	TO:	MONTHLY RENT:	UTILITY COST:
LANDLORD NAME:			
LANDLORD ADDRESS:			
EMAIL:			
PHONE		FAX:	
SECOND PREVIOUS ADDRESS WITH	APARTMENT #:		
CITY:	STATE		ZIP CODE:
DATES OF TENANCY FROM:	TO:	MONTHLY RENT:	UTILITY COST:
LANDLORD NAME:	LANDLOF	RD ADDRESS:	
EMAIL:			
PHONE		FAX:	
CURRENT PLACE OF EMPLOYMENT:			
ADDRESS:			
SUPERVISOR:		POSITION:	
PHONE:		FAX:	
EMAIL:			
LENGTH OF EMPLOYMENT FR	OM: TO:	GF	OSS MONTHLY SALARY:

Please provide documentation of all income such as but not limited to: Paystubs, bank statements, tax returns (if self employed)						
PREVIOUS EMPLOYER		DAT	ES:	INCOME:		
STUDENT STATUS (check box) UNDERGRADUA	re 🗌	GRADUATE	GRADU/	ATION YEAR		
			P	LEASE FILL OUT REVERSE SIDE		

HAVE YOU EVER BEEN EVICTED?	YES	NO	

HAVE YOU EVER BEEN CONVICTED OF THE FOLLOWING CRIMES:					
RAPE	YES	NO			
CHILD SEXUAL ASSAULT	YES	NO			
VIOLENT CRIME CONVICTION	YES	NO			
ANY OTHER FELONY CRIME	YES	NO			

LIST ALL OTHER OCCUPANTS WHO WILL BE RESIDING IN UNIT:

NAME:	RELATIONSHIP:	DATE OF BIRTH:
NAME:	RELATIONSHIP:	DATE OF BIRTH:
NAME:	RELATIONSHIP:	DATE OF BIRTH:

IN CASE OF EMERGENCY NOTIFY:

NAME:	RELATIONSHIP:			
ADDRESS:			PHONE:	
CITY:	STATE:	ZIP:		

VEHICLE INFORMATION.

MAKE:	MODEL:	YEAR:	PLATE#:	STATE:
MAKE:	MODEL:	YEAR:	PLATE#:	STATE:

I understand that all application fees are not refundable. The 60% Agency Commission shall be refunded in this application is not accepted by the owner, Lessor or Agent. Once accepted first months rent may be due as a deposit. All rents are due payable on the first day of each month in advance. I hereby waive all rights to return of the Agency Commission and will forfeit same as liquidated damages in the event I decide not to enter into the leasing agreement applied herein.

State and federal law prohibit discrimination in the sale and rental of housing by property owners, landlords, property managers, mortgage lenders, and real estate agents. These fair housing laws make it unlawful to discriminate based on: race, color, national origin, gender, gender identity, sexual orientation, disability, ancestry, genetic information, marital status, veteran or active military status, age, familial status, and source of income.

RELEASE: In consideration for being permitted to apply for this apartment, I, the applicant do represent all information on this application to be true and accurate and that owner/agent may rely on this information when investigating and accepting this application. I hereby authorize the owner/agent to make independent investigations to determine my credit, financial, criminal check and character standing. I authorize any person, or credit checking agency having any information on me to release any and all such information to the owner or their agent or credit checking agencies. I hereby release, remise and forever discharge from and action whatsoever, in law and equity, all owners, managers, employees and/or agents, both of Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from and suit or reprisal whatsoever. I declare that a photocopy of my signature shall be as valid as the original. Signature of Applicant:

Date:

Note: Must submit SEPARATE checks with completed application:

1. \$35 Application fee-Non Refundable

2. Sixty Percent of Month's Rent Agency Commission-Refunded if Application is Not Accepted Checks made payable to RentNoho.com

RentNoho.com P.O. Box 844 19 Hawley Street Northampton, MA 01060 info@rentnoho.com phone: 413-582-0300 fax: 413-582-0248

AGENCY COMMISSION DISCLOSURE

You have requested our assistance in finding housing accommodations for rent. In consideration of these services, you will be expected to pay us a commission as follows:

The commission equal to 60% of one month's rent shall be charged as an Agency Commission upon submitting an application for the rental property. If the Prospective Tenant is not accepted as a tenant, the Agency Commission will be refunded. However, if the Prospective Tenant is accepted, but for any reason withdraws or refuses to enter into the rental agreement with the landlord; the Prospective Tenant is not entitled to a refund of the Agency Commission.

We are a rental listing brokerage service only. We do not guarantee that you will obtain a rental through our services. Our sole purpose is to furnish you with listing of available properties which meet the specifications you have provided to us. If you do not obtain a rental property through a listing made available by our agency, then no agency commission will be charged to you.

Must submit separate checks with completed application:

- 1. \$35 per person Application Fee Non-Refundable
- 2. Sixty percent of one Month's Rent Agency Commission Refunded if Application is Not Accepted.

Prospective Tenant

Date

Prospective Tenant

ara sketter

Sharon Heston, Broker License #9507283

Date

Date