

CREDIT APPLICATION FOR KAMINS REAL ESTATE

Please email completed form to the Kamins leasing agent working with you, or bring/mail/fax to our office.

PROOF OF INCOME: WEEKLY INCOME EQUIVALENT TO MONTHLY RENT
OR MASSACHUSETTS GUARANTOR REQUIRED!

LEASE START: _____

NAME: _____ PROPERTY APPLIED FOR: _____
SOCIAL SECURITY#: _____ PROPERTY RENT AMOUNT: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL: _____

PRESENT ADDRESS: _____
PRESENT LANDLORD: _____ TELEPHONE: _____
PREVIOUS ADDRESS: _____
PREVIOUS LANDLORD: _____ TELEPHONE: _____

OCCUPATION/SOURCE OF INCOME: _____
EMPLOYER _____ HOW LONG _____ SALARY: _____
ADDRESS: _____ TELEPHONE: _____
VEHICLE REGISTRATION: _____ MAKE _____ YEAR: _____
STUDENT: UNDERGRAD _____ GRADUATE _____ GRADUATION DATE _____
SCHOOL: _____ DEPT: _____ ADVISOR _____

EMERGENCY CONTACT NAME: _____ TELEPHONE: _____
ADDRESS: _____

CREDIT REFERENCES (Credit cards, car payments, cell phone, etc.):
(1) NAME: _____ TELEPHONE: _____
ADDRESS: _____
(2) NAME: _____ TELEPHONE: _____
ADDRESS: _____
BANK: SAVINGS: _____ ADDRESS: _____
NAME
CHECKING: _____ ADDRESS: _____

HAVE YOU EVER BEEN EVICTED OR HAD PROCEEDINGS STARTED AGAINST YOU?: _____
LIST OTHERS TO RESIDE IN APARTMENT: _____

SPOUSE NAME: _____ TELEPHONE: _____
EMAIL ADDRESS: _____
EMPLOYER: _____ OCCUPATION: _____
ADDRESS: _____ HOW LONG: _____ SALARY: _____

SIGNATURE TO AUTHORIZE VERIFICATION OF INFORMATION ABOVE*:

SIGN: _____ DATE: _____

*Failure to disclose or knowingly provide inaccurate information will automatically disqualify your application. Please email completed form to the Kamins leasing agent working with you, or bring/mail/fax to our office.

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