

RENTAL APPLICATION

PERSONAL Date: _____

Last Name _____ First Name _____ M.I. _____ SS # _____ DOB _____

Current Address _____

Home Phone _____ Cell Phone _____ Email _____

Co-Applicant Last Name _____ First Name _____ M.I. _____

SS # _____ DOB _____ Total # of Occupants _____

Additional Occupant Last Name _____ First Name _____ DOB _____

Additional Occupant Last Name _____ First Name _____ DOB _____

Additional Occupant Last Name _____ First Name _____ DOB _____

of Autos _____ Reg. # _____ Reg. # _____

of Pets _____ Types/Breeds _____

In case of emergency, notify: _____ Relationship _____

Address _____

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the residence? Yes No If yes, you will be asked to complete a Request for Reasonable Accommodation.

RESIDENCY AND EMPLOYMENT

Own: Month/Year of Current Occupancy _____ to _____ Monthly Mortgage \$ _____

Rent: Month/Year of Current Occupancy _____ to _____ Monthly Rent \$ _____

Landlord Name _____ Address _____ Phone _____

Former Landlord Name _____ Address _____ Phone _____

Current Employer _____ Occupation _____

Employer's Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary \$ _____ Other (comm/bonus) \$ _____ Other income \$ _____ Amount \$ _____

Former Employer _____ Occupation _____

Employer's Address _____

Dates of Employment _____ Supervisor _____ Phone _____

APPLICANT'S TERMS (PLEASE READ CAREFULLY)

This application is for (address) _____ or similar type of occupancy on (date) _____.

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and other terms and conditions stated therein. The applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore, applicant understands that an investigative consumer report will be obtained, which may include information about personal character and criminal records. Applicant agrees that the information set forth on the applications is true and complete, and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties. A non-refundable application fee must accompany this application form for each 18 years or older lease holder and/or spouse of eligible applicant. The application fee is \$25.00 for the qualifying applicant and \$25.00 for every other person over the age of 18 living in the home. A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or subsequent lease. This application and deposit are taken subject to the previous applications and shall be acted upon within 10 days. The leasing consultant is only authorized to show the home for rent and has no authority to make any representations concerning the premises.

Application Fee \$ _____ Leasing Consultant's Signature _____ Date _____

Applicant's Signature _____ Date _____

How did you hear about AMC Westover Housing? _____



PRIVACY ACT RELEASE FORM

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits release of personal information without my approval. I do hereby authorize the Military Housing Office to release the information contained in this family housing application to the **Marine Corps Public-Private Venture Partner, Tri-Command Communities (TCC)**, for purposes of placement on the family housing waiting list and placement in a public-private venture home.

Name (please print) _____

Signature _____ Date _____



CRIMINAL BACKGROUND AND CREDIT CHECK FORM

Applicant Information

First Name _____ Last Name _____ MI _____

SS # / ITI # _____ Date of Birth _____ Phone _____

Email _____

Current Address _____

City _____ State _____ Zip _____

Current Monthly Income: \$ _____ Current Monthly Rent: \$ _____

Additional Information for Adults Over 18 Years of Age

First Name _____ Last Name _____ MI _____

SS # / ITI # _____ Date of Birth _____ Phone _____

Applicant agrees that the information set forth on the applications is true and complete, and any misrepresentation on this application will constitute a default under the lease or Rental Agreement between the parties. A non-refundable application fee must accompany this application form for each 18 years or older lease holder and/or spouse of eligible applicant. The application fee is \$25.00 for the qualifying applicant and \$20.00 for every other person over the age of 18 living in the home.

Applicant Signature _____ Date _____



From:

To: Housing Manager, U.S. Marine Corps, Family Housing, Chicopee, MA

Subj: **PET AUTHORIZATION/REGISTRATION REQUEST**

1. I request permission to maintain a pet within my quarters. I understand that I must comply with the Marine Corps Order of which a copy is available for my review in your office. I also understand that non-Compliance will result in the termination of my pet privileges.

INT: _____

2. **Regulations allow only 2 (two) domestic pets per household in Atlantic Marine Communities at Westover. Written approval must be obtained from the Military Housing Office and Atlantic Marine Communities at Westover, prior to moving a pet into the home. Residents are required to provide documentation of rabies vaccinations, tag number, microchip and photo of pet before permission is granted. Pets are neither to run free nor be tied or chained to become a nuisance to other residents. LEASH LAW IS ENFORCED. No barnyard, exotic, or wild animals allowed. Violations of community standards may result in the loss of your pet privileges. Pets are to stay up to date on registration and rabies and provide the office with the new documents.** I understand that I am required to provide the Housing Office with a current copy of my pet's city license within 30 days of moving into housing and annually as required by state law. I further understand that non compliance is a violation of the stated policy, municipal law and a violation of both my lease and conditions of occupancy.

INT: _____

3. I understand that I have 30 days from my lease signing to obtain a City of Chicopee license for my dog. That failure to do so is a violation of the Military pet policy, violation of Municipal law and a violation of my lease and conditions of occupancy.

INT: _____

4. I understand that I am financially responsible for all damages caused by my pet, to include but not limited to, chewed woodwork, chewed blinds, urine stains, damaged screens, lawn damage, flea infestation and liability for unprovoked dog bites.

INT: _____

5. I understand that tethering (tying or chaining) of dogs is prohibited. Pets kept outdoors will be kept in a fenced area or in an approved kennel. I understand that I cannot tie or chain a dog in the basement of my quarters. In the event that I will be absent from quarters for over 24 hours I understand that I need to make provisions for the care of my pet and will not leave animals alone inside or outside my residence.

INT: ____

6. I understand that cats and dogs must wear their rabies tags and pet ID tag while outside and those dogs must wear their City License as well. When my pet is outside, I understand they will not be allowed to run at large, and they must be on a leash under the control of a mature responsible individual who will be able to control the actions of the animal. I agree to provide the housing office an up to date copy of the pet's license, Micro Chip information and rabies vaccination annually.

INT: ____

7. In the event that I terminate ownership of a registered pet, I understand that I will need to notify the Military Housing Office to remove the pet from my records and that prior to obtaining a NEW pet; I will submit a new request for Authorization/Registration.

INT: ____

8. I understand that maintaining an animal also means maintaining a clean yard clear of animal waste as per the Massachusetts Law, conditions of occupancy and my lease agreement.

INT: ____

9. I understand that I must pickup any animal dropping when walking my pet in common areas as per the Massachusetts Law, conditions of occupancy and my lease agreement.

INT: ____

10. I understand that if I neglect or physically abuse an animal or if I maintain an animal that is a Nuisance or is Destructive my pet privileges will be revoked. Furthermore, I understand that violations of the Pet Policy may cause or possibly result in removal of my pet from Westover Communities grounds.

INT: ____

11. I understand that the following information is required upon application, and that my lease signing may be postponed if I have not complied with this requirement.

INT: ____

12. A brief description of my pet is as follows:

- a. BREED _____
- b. Birth year _____
- c. Gender _____
- d. NAME _____
- e. COLOR _____
- f. WEIGHT _____
- g. RABIES TAG NUMBER _____
- h. RABIES EXPIRATION _____
- i. MICROCHIP # _____

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- b. Birth year _____
- c. Gender _____
- d. NAME _____
- e. COLOR _____
- f. WEIGHT _____
- g. RABIES TAG NUMBER _____
- h. RABIES EXPIRATION _____
- i. MICROCHIP # _____

INT: _____

Acknowledgment of pet policy of residents with out pets.

13. I do not have any pets at this time. I understand the requirement to request pet privileges prior to buying and bringing a pet onto Westover community's property or into my leased quarters and grounds.

You must sign this line. _____

PLEASE REMEMBER:

Documents with proof of rabies vaccination, microchip embedding and current photo are required to be submitted as well.

SERVICE MEMBERS NAME

SIGNATURE (DATE YYYYMMDD)

UNIT ASSIGNED

PRINT SUPERVISORS NAME
AND NUMBER

PRIVACY ACT STATEMENT: AUTHORITY 5 U.S.C. 301 & 44 U.S.C. 3101 (Executive Order 9397) SSN PRINCIPAL PURPOSE (S): This request for your private information, including social security number and personal history information, is made to assist our office in determining eligibility for services, compliance with state and federal law, and related purposes.

ROUTINE USE (S): Information provided is used to assign personnel to housing, perform necessary background checks, and for other lawful purposes.

MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclosure of SSN and personal historical information is voluntary and there will be no adverse consequence from refusal to disclose. However, refusal to establish eligibility may preclude assignment to housing.

ADDENDUM TO HOUSING APPLICATION FORM DD 1746

Have you, or any member of your household for whom you seek authorized housing under this application, ever been charged with, convicted of, or pleaded no contest to any criminal charge related to a sexual offense?

Y N

Have you, or any member of your household for whom you seek authorized housing under this application, ever been required to register as a sex offender under the laws of the United States or any state?

Y N

Is any member of your household for whom you seek authorized housing under this application, a registered sex offender?

Y N

If you answered "Yes" to any of the above questions, please list dates, locations, violations & resolution. Provide all details of any requirements to register as a sex offender. Use reverse side if necessary.

CERTIFICATION OF APPLICANT

I hereby certify that all responses contained herein are true and correct, and I understand that the omission of any material fact may result in denial of my application for housing, or eviction from housing if the omission is discovered after assignment.

Signature: _____

Date: _____

Printed Name: _____