



MAIN OFFICE & LEASING OFFICE
 1 STANLEY DRIVE, CHICOPEE MA 01020
 PHONE: (413) 593-5214
 EMAIL: CHICOPEELEASEING@CORRIDORPM.COM

Please complete all requested information on the front and back of this form and submit to the leasing office. Thank you for your interest in our community.

* Date of Application ___/___/___ * Desired Date of Occupancy: _____, 201__ Floor Plan Preference: _____

APPLICANT INFORMATION (Important contact information - please complete all fields)

Name: _____ Monthly Income: _____

First Name	Last Name	MI
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Phone/Cell: _____ Phone/Home: _____

E-mail Address: _____ Date of Birth: _____

Social Security#: _____ Driver's License #: _____ State: _____

Vehicle Make _____ Model _____ Year _____ Color _____

License Plate # _____ State _____

*By providing your email address, you grant us permission to communicate with you via email. We value your privacy and do not sell or distribute our email list.

*** RESIDENCE HISTORY (transfers complete current address info only)**

Current Address _____ Apt# _____ City _____ State _____ Zip _____

Month & Year Moved In _____ Landlord Name _____ Phone# _____

Reason for leaving your current address: _____

Previous Address _____ Apt# _____ City _____ State _____ Zip _____

Month & Year Moved In _____ Landlord Name _____ Phone# _____

GUARANTOR INFORMATION

Name: _____ Monthly Income: _____

First Name	Last Name	MI
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Address: _____ City: _____ State/Zip: _____

Phone/Cell: _____ Phone/Home: _____

E-mail Address: _____ Date of Birth: _____

Social Security#: _____ Driver's License #: _____ State: _____

Relationship to Applicant _____

ADDITIONAL INFORMATION

Where did you first see or hear about us?

<input type="checkbox"/> University (please specify school) _____	<input type="checkbox"/> Website (please specify site) _____
<input type="checkbox"/> Advertisement (please specify type) _____	<input type="checkbox"/> Referral (please specify name) _____
<input type="checkbox"/> Other (please specify) _____	

If you visited our website, how were you initially directed to it? _____

What is the most important reason you chose this community? _____

Do you intend to have a pet? Yes No **If YES, what kind?** Dog Cat

How many pets will you be bringing? _____

OTHER INFORMATION

Same as Guarantor

IN CASE OF EMERGENCY, NOTIFY: _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____
Email _____

In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your unit or the common areas.

List Any & All Occupants:

Name: _____ DOB: _____ SSN: _____
Name: _____ DOB: _____ SSN: _____
Name: _____ DOB: _____ SSN: _____

I hereby deposit \$ _____ **as earnest money to be refunded if this application is not accepted. All application information must be submitted 24 hours after the holding deposit is paid, or the holding deposit will be forfeited. I understand that in the event no verifiable rental history is available or is insufficient, I may be required to increase my deposit. Once approved, I agree to execute a lease before possession is given. If a lease is NOT signed, the deposit will be withheld as damages. Upon the signing of the lease, this earnest money deposit shall be retained as the security deposit.**

I declare that this application is complete, true and correct and I give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement. I further authorize Management or their authorized agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of the application or Management may, at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

APPLICANT'S SIGNATURE _____ **DATE** _____

GUARANTOR'S SIGNATURE _____ **DATE** _____

OFFICE USE ONLY - DO NOT WRITE BELOW

APPLICATION DECISION: APPROVED _____ CONDITIONAL _____ Additional Deposit Required \$ _____
DENIED _____ Reason: Criminal _____ Credit _____

By _____ Date _____

Applicant Notified by (Name) _____ Date Notified _____

Notified by: Telephone In Person Letter Fax

