

LONGWOOD  
**GALLERIA**  
APARTMENTS

**APPLICATION FOR APARTMENT RENTAL**

617-566-5204  
Fax 617-730-8935  
400 Brookline Avenue  
Boston, Massachusetts  
02215

DATE \_\_\_\_\_

NAME OF APPLICANT	LAST NAME	FIRST	DOB	SOCIAL SECURITY #
PRESENT ADDRESS	STREET & NO.	CITY OR TOWN	STATE	ZIP CODE
PERMANENT ADDRESS	STREET & NO.	CITY OR TOWN	STATE	STATE
PRESENT LANDLORD	COMPLETE ADDRESS	YEARS OF OCCUPANCY	TELEPHONE #	
FORMER LANDLORD	COMPLETE ADDRESS	YEARS OF OCCUPANCY	TELEPHONE #	

**EMPLOYMENT HISTORY**

PRESENT EMPLOYER	STREET & NO.	CITY OR TOWN	STATE	ZIP CODE	TELEPHONE #
SUPERVISORS NAME	OCCUPATION	LENGTH OF EMPLOYMENT	GROSS MONTHLY INCOME		
PREVIOUS EMPLOYER	STREET & NO.	CITY OR TOWN	STATE	ZIP CODE	TELEPHONE #
SUPERVISORS NAME	OCCUPATION	LENGTH OF EMPLOYMENT	GROSS MONTHLY INCOME		

CHECKING ACCOUNT # \_\_\_\_\_ SAVINGS ACCOUNT # \_\_\_\_\_  
BANK NAME \_\_\_\_\_ INCOME \_\_\_\_\_

**PLEASE LIST NAMES OF ALL OTHER PERSONS TO OCCUPY APARTMENT**

1 \_\_\_\_\_ 2 \_\_\_\_\_

YOUR SIGNATURE BELOW GIVES CONSENT TO THE MANAGEMENT TO VERIFY THE INFORMATION IN THIS APPLICATION

\_\_\_\_\_  
DATE SIGNATURE OF APPLICANT

SEND THE COMPLETED APPLICATION TO: Longwood Galleria Apartments, 400 Brookline Avenue, Boston, Massachusetts 02115

A DEPOSIT EQUAL TO THREE MONTHS RENT OF WHICH ONE MONTH IS NON-REFUNDABLE, IS REQUIRED IN ORDER TO RESERVE AN APARTMENT. UPON SIGNING THE LEASE, THE DEPOSITS WILL BE APPLIED TO YOUR FIRST FULL MONTH OF OCCUPANCY, YOUR LAST FULL MONTH OF OCCUPANCY AND TO A SECURITY DEPOSIT.

1st Months Rent \$ \_\_\_\_\_ (subject to escalation as set forth in lease )  
Last Months Rent \$ \_\_\_\_\_ (subject to escalation as set forth in lease )  
Security Deposit \$ \_\_\_\_\_ (subject to escalation as set forth in lease )  
Parking \$ \_\_\_\_\_ (e.g. parking ) Key / Lock Deposit \$ \_\_\_\_\_  
Balance Due Upon Acceptance \$ \_\_\_\_\_