

Arin Realty Co., Inc.
17 Lincoln Street
P.O. Box 610227
Newton Highlands, MA 02461
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Parking Rental Application

_____ Location of Premises		_____ Phone Number		_____ Alternate Phone Number			
_____ Name of Applicant		_____ Social Security Number		_____ Date of Birth			
_____ Present Address	_____ City	_____ State	_____ Zip Code	From: ____ To: ____ Date of Occupancy			
_____ Email Address							
_____ Emergency Contact Name		_____ Street Address		_____ City	_____ State	_____ Zip Code	_____ Phone Number
_____ Co-Tenant Name (if applicable)		_____ Street Address		_____ City	_____ State	_____ Zip Code	_____ Phone Number

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease. False information will incur a \$100.00 penalty charge.

This application will be approved or rejected usually within five business (5) days of being submitted to Landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved.

_____ Signed	_____ Date	Parking Rent per Month	\$ _____
		Sticker Deposit	\$ _____
		Deposit on Account	\$ _____
		Balance Due Upon Acceptance	\$ _____

Consent to Credit Check

I _____, the undersigned applicant authorize landlord, **Sutherland 149 Trust**, or his/her/their agent to review my credit and criminal history and investigate the accuracy of the information contained in this application. I authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my credit.

Signed

Date