

**Nantucket Education Trust, Inc.
Preliminary Rental Application
Equal Housing Opportunity**

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT UPON REQUEST. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

<p>Nantucket Education Trust, Inc. P.O. Box 3163, Nantucket, MA 02584</p>
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Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the rental office.

Name: _____ Phone: _____

Address: _____

Email Address: _____

Name	Relation to Head of Household	Social Security #	Age	Sex	Full Time Student?
1.					
2.					
3.					
4.					
5.					
6.					

Family Composition – List all those who will occupy the apartment – INCLUDE YOURSELF

Please indicate the income received by each member of your household. List each member by the corresponding number above.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member #1

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$
 weekly * bi-weekly monthly

Member #2

Name of Present Employer _____ Telephone _____

Address _____

Years Employed- _____ Position: _____ Current Salary \$ _____

Member # 3

Name of Present Employer: _____ Telephone _____
Address _____

Years Employed _____ Position _____ Current Salary \$ _____

weekly bi-weekly monthly

Maximum of Two (2) Vehicles Per Household - Permitted To Use NET – Cow Pond Parking Areas.

Vehicle #1: Year Make Model Color License Plate Number:

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I/We hereby certify that the information furnished on this application is true to and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein. A consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** All information is regarded as confidential in nature. I/We certify that I/We understand that false statements or information are punishable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for person with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

Nantucket Education Trust, Inc. does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age, or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy.

You must complete the application, providing all documentation requested, and sign this form. If you have questions please email: nehousingack6@gmail.com Return this form to the Nantucket Education Trust, Inc. Incomplete Forms will not be accepted.