



## Habitational Supplemental Application

Name of

Applicant: \_\_\_\_\_

Property Location: \_\_\_\_\_

Provide the name and phone number of the management contact:

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Identify Occupancy %: \_\_\_\_\_ % Student \_\_\_\_\_ % Subsidized \_\_\_\_\_

% General Population

How are tenants screened?: \_\_\_\_\_

Year Built: \_\_\_\_\_ Year Purchased: \_\_\_\_\_ # of Stories: \_\_\_\_\_ # of Units: \_\_\_\_\_

Types of Systems:

Heating: \_\_\_\_\_ Last Date Maintained: \_\_\_\_\_

A/C: \_\_\_\_\_ Last Date Maintained: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Last Date Maintained: \_\_\_\_\_

Roof: \_\_\_\_\_ Last Completed Update: \_\_\_\_\_

Central Station: Burglar\_\_ Fire\_\_ Serviced Annually: \_\_\_\_\_

Sprinklers:\_\_ If yes % of building covered: \_\_\_\_\_

Wiring:  Copper  Aluminum  Knob & Tube

If Aluminum Wiring, when was last update: \_\_\_\_\_

Electrical:  Federal Pacific Stab Lok  Challenger Breaker Box  Circuit Breakers  Fuses

# of Amps: \_\_\_\_\_

Each Unit equipped with: Smoke Detectors: \_\_\_Yes \_\_\_No CO Detectors: \_\_\_Yes \_\_\_No

Swimming Pool?: \_\_\_Yes \_\_\_No Above Ground: \_\_\_\_\_ In Ground: \_\_\_\_\_

Fenced?: \_\_\_Yes \_\_\_No Diving Board?: \_\_\_Yes \_\_\_No

Slide?: \_\_\_Yes \_\_\_No Self-Locking Gate?: \_\_\_Yes \_\_\_No

Does the pool meet any and all Federal and Local Safety Requirements? \_\_\_Yes \_\_\_No



BOSTON PROVIDENCE BALTIMORE

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Beaches/Lakes/Ponds: \_\_\_ Yes \_\_\_ No Lifeguard Provided?: \_\_\_ Yes \_\_\_ No

Clubhouse: \_\_\_ Yes \_\_\_ No Parks or Fields: \_\_\_ Yes \_\_\_ No

Tennis Courts: \_\_\_ Yes \_\_\_ No Fitness Center : \_\_\_ Yes \_\_\_ No

Dock, Pier, or Boat Slips: \_\_\_ Yes \_\_\_ No Playground or Day Care: \_\_\_ Yes \_\_\_ No

Are there any guidelines regarding pets? \_\_\_ Yes \_\_\_ No

Are tenants required to carry a tenant or liability policy? \_\_\_ Yes \_\_\_ No

Are retail tenants required to carry insurance and name the insured as an additional insured? \_\_\_ Yes \_\_\_ No

Are there any security cameras or video surveillance on the premises? \_\_\_ Yes \_\_\_ No

Who is responsible for snow removal?

If snow removal is subcontracted, does that entity name you as an additional insured and hold you harmless by contract with insurance limits equal to or greater than your own limits? \_\_\_ Yes \_\_\_ No

If you are responsible for snow removal what actions do you take to mitigate claims?

Have you ever had a slip and fall claim filed against you? \_\_\_ Yes \_\_\_ No

How many tenants have you evicted in the past three years? \_\_\_\_\_

Do you plan any evictions in the coming year? \_\_\_ Yes \_\_\_ No

Has the owner / insured ever been cited for violations or fined by any (local, state, federal, etc.) government or regulatory branch? If yes, please attach full details to this application. \_\_\_ Yes \_\_\_ No

Has the owner / insured ever been arrested or convicted of crime or involved in any sort of lawsuit or legal proceeding? If yes, please attach full details to this application. \_\_\_ Yes \_\_\_ No

Has this building ever been condemned or scheduled for demolition? \_\_\_ Yes \_\_\_ No

Applicants Signature

Date