



NEW ENGLAND

PROPERTY AND REAL ESTATE
MANAGEMENT LLC

INTENT TO RENT FORM

How to Return the Completed Form

You may return the completed form by either of the following methods:

Mail to:

*New England Property and Real Estate Management LLC
PO BOX 731
Boston, MA 02128*

Email to:

Docs@Neprem.com

Name of person filling out this form:	Date of filling out this form:
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Property Information:

Property Address:		Unit #:
City:	State:	Zip Code:

Owner Information:

Owner Name:	Owner Phone:
Owner Email:	Owner Mailing Address:

Lease Terms:

Lease Start Date:	Lease End Date:	Move In Date:
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For Commercial Tenants Only:

Company Name:

Tenant Information: (All Tenants)

Tenant 1 Name:

Mailing Address:

Phone:

Email:

Under 18?

☐

Yes

☐

No

Emergency Contact Information:

Tenant 2 Name:

Mailing Address:

Phone:

Email:

Under 18?

☐

Yes

☐

No

Emergency Contact Information:

Tenant 3 Name:

Mailing Address:

Phone:

Email:

Under 18?

☐

Yes

☐

No

Emergency Contact Information:

Tenant 4 Name:

Mailing Address:

Phone:

Email:

Under 18?

☐

Yes

☐

No

Emergency Contact Information:



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Tenant 5 Name:		Mailing Address:	
Phone:	Email:	Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Information:			

Tenant 6 Name:		Mailing Address:	
Phone:	Email:	Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Information:			

Vehicle Information: (Residential Tenants Only)

Information Subject	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Make			
Vehicle Model			
Vehicle Year and Color	Year: _____ Color: _____	Year: _____ Color: _____	Year: _____ Color: _____
License Plate State and Number	<input type="checkbox"/> MA <input type="checkbox"/> NH <input type="checkbox"/> RI <input type="checkbox"/> ME <input type="checkbox"/> VT <input type="checkbox"/> CT <input type="checkbox"/> NY <input type="checkbox"/> PA <input type="checkbox"/> NJ Other State: _____ Number: _____	<input type="checkbox"/> MA <input type="checkbox"/> NH <input type="checkbox"/> RI <input type="checkbox"/> ME <input type="checkbox"/> VT <input type="checkbox"/> CT <input type="checkbox"/> NY <input type="checkbox"/> PA <input type="checkbox"/> NJ Other State: _____ Number: _____	<input type="checkbox"/> MA <input type="checkbox"/> NH <input type="checkbox"/> RI <input type="checkbox"/> ME <input type="checkbox"/> VT <input type="checkbox"/> CT <input type="checkbox"/> NY <input type="checkbox"/> PA <input type="checkbox"/> NJ Other State: _____ Number: _____



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Pet Information: (Residential Tenants Only)

Information Subject	Pet 1	Pet 2	Pet 3
Pet Name			
Pet Type: Dog, Cat, ect			
Pet Weight			
Pet Age			
Collar ID			
Vaccination Records			