



558 SMITHFIELD AVENUE
PAWTUCKET, RI 02860
401-728-4000

RENTAL APPLICATION
EACH APPLICANT OF LEGAL AGE
MUST COMPLETE SEPARATE APPLICATION

DIVISION OF FERLAND CORP.

FOR OFFICE USE ONLY

COMPLEX	DATE RENTED	LEASE TERM FROM	DEPOSIT ON ACCOUNT
ADDRESS	NO. OF OCCUPANTS	FROM TO	
TYPE APT.	FLOOR	RENT PER MONTH	BALANCE OF SEC. DEPT.
RENTED BY	OCCUPANCY DATE	OTHER MONTHLY CHARGES	TOTAL SECURITY DEPOSIT
ACCOUNT #	ID NUMBER	TOTAL MONTHLY RENT	BALANCE DUE
	ID TYPE	CHECKED BY	APPROVED BY
			DATE

PLEASE TELL US ABOUT YOURSELF

APPLICANT'S NAME (PLEASE PRINT) _____ SOC. SEC. # _____ PHONE NO. _____
(DAY) _____ EVENING _____

ARE YOU OF LEGAL AGE? YES NO ARE YOU A LEGAL RESIDENT OF THE U.S.? YES NO ALIEN REGISTRATION NUMBER _____

NAMES OF OTHER OCCUPANTS INCLUDING CHILDREN _____

DO YOU OWN A PET? YES NO DO YOU OWN A WATERBED? YES NO DO YOU OWN AN AQUARIUM? YES NO

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current).

PRESENT ADDRESS	STREET	APT. NO.	CITY	STATE/ZIP
OWNER/MANAGEMENT CO.	PHONE NO. (DAY) _____	ADDRESS		
	EVENING _____			
PRESENT LEASE EXPIRATION DATE	RENT PAID PER MONTH	UTILITIES	LENGTH OF RESIDENCE	OWN HOME? LIEN HOLDER
				APPROX. VALUE
PREVIOUS ADDRESS	STREET	APT. NO.	CITY	STATE/ZIP
	PHONE NO. (DAY) _____	ADDRESS		
	EVENING _____			
PREVIOUS ADDRESS	STREET	APT. NO.	CITY	STATE/ZIP
	PHONE NO. (DAY) _____	ADDRESS		
	EVENING _____			
PREVIOUS ADDRESS	STREET	APT. NO.	CITY	STATE/ZIP
	PHONE NO. (DAY) _____	ADDRESS		
	EVENING _____			

PLEASE GIVE US YOUR INCOME INFORMATION

YOUR STATUS: Employed Full-Time Employed Part-Time Student Retired Unemployed

EMPLOYMENT

PRESENTLY EMPLOYED BY: _____ POSITION _____ LENGTH OF EMPLOYMENT _____

BUSINESS ADDRESS: _____

PHONE _____

MONTHLY INCOME _____

IF EMPLOYED BY ABOVE LESS THAN 3 YEARS, GIVE NAME AND ADDRESS OF PREVIOUS EMPLOYER OR SCHOOL: _____

OTHER SOURCES (SOCIAL SECURITY, PENSION, ASSET)

SOURCE	AMOUNT	SOURCE	AMOUNT

PLEASE LIST YOUR BANK AND CREDIT REFERENCES

BANK REFERENCES	CREDIT REFERENCES
BANK	(1) CHARGE
PHONE	ACCT. NO.
BRANCH	ADDRESS
CHECKING <input type="checkbox"/>	PHONE
SAVINGS <input type="checkbox"/>	
PHONE	(2) CHARGE
	ACCT. NO.
BRANCH	ADDRESS
CHECKING <input type="checkbox"/>	PHONE
SAVINGS <input type="checkbox"/>	

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request with a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

The undersigned makes the foregoing representations knowing that the Owner or Agent will rely on the accuracy thereof in acting on this application. Agreement in name of _____ Date _____ 20
Applicant's signature: _____

THIS APPLICATION AND DEPOSIT ARE TAKEN SUBJECT TO APARTMENT AVAILABILITY AND PREVIOUS APPLICATIONS.
Cancellation by the applicant will result in forfeiture of the deposit.

Received on _____ a deposit in the sum of \$ _____ CASH
to secure Apartment No. _____ at _____ CHECK
Account # _____ Authorized signature _____