



A service of the RI Builders Association  
**RENTAL APPLICATION**

**Company:** \_\_\_\_\_

APPLICANT'S NAME (PLEASE PRINT) \_\_\_\_\_ (OPTIONAL) SOC. SEC. # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ APT. NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

OWNER/MANAGEMENT CO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_ PRESENT MONTHLY PAYMENTS \_\_\_\_\_ OWN HOME YES  NO

PRESENT LEASE EXPIRATION DATE \_\_\_\_\_ LENGTH OF RESIDENCE \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

OWNER/MANAGEMENT CO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_ HOW LONG \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_ (OPTIONAL) SOC. SEC. # \_\_\_\_\_

FULL NAME OF OTHER OCCUPANTS INCLUDING CHILDREN \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

APPLICANT	EMPLOYED BY	NO. OF AUTOMOBILES <input type="checkbox"/> ONE <input type="checkbox"/> TWO	CREDIT REFERENCES:
HOW LONG	BUS. PHONE	DRIVERS LICENSE #	(1) BANK _____ PHONE _____
BUSINESS ADDRESS	EXT.	1. MAKE _____ COLOR _____ YEAR _____	BRANCH _____ CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> ACCT. NO. _____
APPROX. INCOME \$		LIENHOLDER	(2) CHARGE _____
POSITION		BALANCE/MONTHLY PAYMENT	ADDRESS _____ PHONE _____
SUPERVISOR		REG. # _____ STATE _____	CITY _____ STATE _____
OTHER INCOME \$		2. MAKE _____ COLOR _____ YEAR _____	(3) CHARGE _____ ACCT. NO. _____
OTHER OCCUPANTS EMPLOYED BY:		LIENHOLDER	ADDRESS _____ PHONE _____
HOW LONG	BUS. PHONE	BALANCE/MONTHLY PAYMENT	CITY _____ STATE _____
POSITION	EXT.	REG. # _____ STATE _____	IN CASE OF EMERGENCY, CONTACT: NAME _____ RELATIONSHIP _____
SUPERVISOR		DO YOU OWN A PET? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE:	ADDRESS _____
APPROX. INCOME \$		DO YOU OWN A WATERBED? YES <input type="checkbox"/> NO <input type="checkbox"/>	CITY _____ STATE _____ PHONE _____
		DO YOU OWN AN AQUARIUM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
		REFERRED TO US BY:	
		CLASSIFIED <input type="checkbox"/> DISPLAY AD <input type="checkbox"/>	
		DRIVING BY <input type="checkbox"/> RESIDENT <input type="checkbox"/>	
		OTHER _____	

**FOR OFFICE USE ONLY**

Complex	Apt. No.	Rent Per Month	\$
Address		Other Monthly Charges	\$
Type Apt.	Floor	<b>TOTAL MONTHLY RENT</b>	\$
Rented by		Security Deposit	\$
Date Rented	Date Available	Less Application Fee	\$
Rent Begins	Occupancy Date	<b>BALANCE DUE</b>	\$
No. of Occupants	Lease Term From _____ to _____		
Checked by _____			
Approved by _____			DATE _____

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 within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

**THIS APPLICATION AND DEPOSIT ARE TAKEN SUBJECT TO APARTMENT AVAILABILITY AND PREVIOUS APPLICATIONS.**

Received of \_\_\_\_\_ an application processing fee of \_\_\_\_\_ cash \_\_\_\_\_ check \_\_\_\_\_

Received of \_\_\_\_\_ a deposit of \_\_\_\_\_ cash \_\_\_\_\_ check \_\_\_\_\_ to reserve apartment # \_\_\_\_\_. The deposit is refundable only if the credit application is disapproved or the apartment is unavailable for occupancy, otherwise no refund of deposit. Upon signing of lease, the deposit will be applied towards the security deposit as provided in the lease.

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 the Name of \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Agent/Witness \_\_\_\_\_ Date \_\_\_\_\_