

RENTAL APPLICATION

36 FORTIN ROAD
KINGSTON, RI 02881

Every occupant over the age of 18 MUST fill out a separate application.
Please fill out the form COMPLETELY and sign where indicated.

PERSONAL INFORMATION

PRINT LEGIBLY

Date: _____ Major: _____ Year In School _____

Name: _____ Cell: _____ Home: _____

Date Of Birth: _____ Email: _____

Present Address: _____

City : _____ State: _____ Zip: _____ How Long: _____ Rent: _____

Current Landlord: _____ Phone: _____ Wk Cell Hm

Prior Address: _____

City : _____ State: _____ Zip: _____ How Long: _____ Rent: _____

Former Landlord: _____ Phone: _____ Wk Cell Hm

ROOMMATE INFORMATION - LIST ALL OCCUPANTS

PRINT LEGIBLY

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

PARENT INFORMATION

PRINT LEGIBLY

Name: _____ Cell: _____ Home: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Work Ph: _____

APPLICANT BANK INFORMATION

PRINT LEGIBLY

Bank Name: _____ Phone: _____

Address: _____

Checking Acct No: _____ Savings Acct No: _____

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EMPLOYMENT INFORMATION

PRINT LEGIBLY

Employer: _____ Position: _____ Phone: _____
Address: _____
Supervisor: _____ Hours/Week: _____ How long? _____ Income: _____ per _____

SOURCES OF INCOME INFORMATION

PRINT LEGIBLY

Describe exactly how you will be paying your rent. Are your parents paying? Scholarships? Your own employment? _____

VEHICLE INFORMATION - One per occupant max

PRINT LEGIBLY

Year: _____ Make: _____ Model: _____ Color: _____ Plate # _____ State: _____

PERSONAL REFERENCES (no family members)

PRINT LEGIBLY

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

APPLICANT QUESTIONNAIRE / AUTHORIZATION

PRINT LEGIBLY

Have you ever been sued for not paying bills? ___Yes ___No If yes, when: _____
Have you ever filed for bankruptcy? ___Yes ___No If yes, when: _____
Have you ever been convicted of a crime? ___Yes ___No If yes, when: _____
Have you ever broken a lease? ___Yes ___No If yes, when: _____
Have you willfully refused to pay rent? ___Yes ___No If yes, when: _____
Is total amount available now (rent & deposit)? ___Yes ___No
Rental Unit Applied For: _____ Start Date: _____ Term: _____ Rent: _____ Per: _____

I declare the foregoing information is true and correct, and I hereby authorize the landlord or his agent(s) to conduct an employment and credit check and to verify our references and sources of income.

ANY PERSON OR FIRM OR INSTITUTION IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A COPY/FAX OF THIS FORM AT ANY TIME

Applicant Signature: _____ Date: _____

When you and your roommates have each completed an application please email it to the address below. You can scan and send it as a PDF or you can take a photo of it and email it...whichever is easier for you.