

## **HOUSING APPLICATION**

220 Waterman Street Providence, RI 02906

Every occupant over the age of 18 MUST fill out a separate application.

Please fill out this form COMPLETELY (print only)

and sign where indicated.

| Date: I am apply for housin          | I am apply for housing at: |                    | Unit#:   |  |
|--------------------------------------|----------------------------|--------------------|----------|--|
| PERSONAL INFORMATION                 |                            |                    |          |  |
| Name:                                | DC                         | DB: SSN:           |          |  |
| Contact Number:                      | E-mail Address:            |                    |          |  |
| Present Address:                     | City/State:                |                    | Zip:     |  |
| Previous Address:                    |                            |                    |          |  |
| Previous Address:                    |                            |                    |          |  |
| Marital Status: Single ☐ Married ☐ H |                            |                    |          |  |
| Type of Pet: Dog                     |                            |                    |          |  |
|                                      | Relation:                  |                    |          |  |
|                                      | Phone:                     |                    |          |  |
| Do you smoke? Reason for N           |                            |                    |          |  |
| Year: Make: PRESENT LANDLORD INFORM  |                            | I late             | π/State. |  |
| Name:                                | Phone #:                   |                    |          |  |
| Address:                             |                            |                    |          |  |
| PREVIOUS LANDLORD INFOR              |                            |                    |          |  |
| Name:                                | Phone #:                   |                    |          |  |
| Address:                             |                            |                    |          |  |
| EMPLOYMENT                           |                            |                    |          |  |
| Current Employer:                    |                            |                    | ?        |  |
| Address:                             | Phone:                     |                    |          |  |
| Supervisor's Name:                   |                            | donuny Net Income: |          |  |
| STUDENT INFORMATION ONL              | ΔY                         |                    |          |  |
| Name of School:                      |                            |                    |          |  |
| Department:                          |                            | Year:              |          |  |

## PERSONAL REFERENCE INFORMATION

| Name:                              |   | Phone #:   |
|------------------------------------|---|--|
| Name.                              |   | Phone #:   |
| HAS AN EVIC                        |   | AGAINST YOU: Yes □ No □  |
| ARE NON-REFUNE sources deemed nece | ain the report. NO APPLICATION WILL DABLE. Applicant authorizes the land sarry to investigate applicant. I certif | t LLC or its assignee may attain a credit report. There is a \$30 non-<br>LL BE PROCESSED WITHOUT SUCH A REPORT. DEPOSITE<br>flord to contact past or present landlords, employers or any other<br>by that this statement is true and complete to the best of applicant?<br>W Property Management LLC. ANY DISCREPANCY MAN |
| Date:                              | Signature:  |  |
| Monthly rent_                      |   | L USE ONLY  Length of Lease  |
| Am/t of deposit<br>Repairs to Unit | Rec. #  | Rent starts  |
| Repairs to Unit                    |   |  |

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