



PROPERTY MANAGEMENT, LLC
SINCE 1959

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 housing at: _____ Unit#: _____

PERSONAL INFORMATION

Name: _____ DOB: _____ SSN: _____

Contact Number: _____ E-mail Address: _____

Present Address: _____ City/State: _____ Zip: _____

Previous Address: _____ City/State: _____ Zip: _____

Previous Address: _____ City/State: _____ Zip: _____

Number of Occupants: _____ Do you own a Pet? Yes No Type of Pet: _____

Dog Breed: _____

Current Rent Amount: _____ Do you smoke? _____

Emergency Contact: _____ Relation: _____

Address: _____ Phone: _____

Reason for Moving: _____

VEHICLE INFORMATION

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

PRESENT LANDLORD INFORMATION

Name: _____ Phone #: _____

Address: _____

PREVIOUS LANDLORD INFORMATION

Name: _____ Phone #: _____

Address: _____

EMPLOYMENT

Current Employer: _____ How long? _____

Address: _____ Phone: _____

Position: _____ Monthly Net Income: _____

Supervisor's Name: _____

STUDENT INFORMATION ONLY

Name of School: _____

Department: _____ Year: _____

PERSONAL REFERENCE INFORMATION

Name: _____ Phone #: _____
Address: _____
Name: _____ Phone #: _____
Address: _____

HAS AN EVICTION EVER BEEN FILED AGAINST YOU: Yes No

Explain: _____

It is agreed and understood that J & W Property Management LLC or its assignee may attain a credit report and background check. NO APPLICATION WILL BE PROCESSED WITHOUT SUCH A REPORT. DEPOSITS ARE NON-REFUNDABLE. Applicant authorizes the landlord to contact past or present landlords, employers or any other sources deemed necessary to investigate applicant. I certify that this statement is true and complete to the best of applicant's knowledge. This application shall remain property of J & W Property Management LLC. **ANY DISCREPANCY MAY DISQUALIFY ME.**

Date: _____ Signature: _____

OFFICIAL USE ONLY

Monthly rent _____ Lease starts _____ Length of Lease _____
Am/t of deposit _____ Rec. # _____ Rent starts _____
Repairs to Unit _____