

RENTAL APPLICATION

Full Name: _____ Email Address: _____

SSN#: _____ Daytime Phone: _____ Cell Phone: _____

Spouses Name: _____ Email Address: _____

SSN#: _____ Daytime Phone: _____ Cell Phone: _____

Current Address: _____ City, State, and Zip _____

Owner/Manager: _____ Phone: _____

Reason for moving: _____ Length of stay/monthly rent: _____

Previous Address: _____ City, State, and Zip: _____

Owner/Manager: _____ Phone: _____

Reason for moving: _____ Length of stay/monthly rent: _____

Employed By: _____ Position: _____ Phone: _____

Supervisor's Name: _____ Income: _____ How Long: _____

Spouse's Employer: _____ Position: _____ Phone: _____

Supervisor's Name: _____ Income: _____ How Long: _____

Driver's License # & State: _____ Expiration: _____ Plate #: _____

Vehicle Make: _____ Model: _____ Color: _____

Name of co-tenants: Children/roommates: _____

Emergency Contact Name and Phone #: _____

Check here if over 18 years of age

Have you ever been evicted? _____ Have you ever filed for bankruptcy? _____ Have you ever been convicted of a felony?
_____ If yes when & what were the charges _____

Any Pets: _____ If yes what are the pet (s) name (s), type (s) & weight (s)?:

Do you plan on having any water filled furniture or fish tank over 25 gallons? _____ *If yes please provide copy of renter's insurance policy. Do you currently have renter's insurance? _____ If yes please provide a copy of your insurance binder.

***Tenants owning any waterbeds/fish tanks must purchase renter's insurance to protect against accidental leakage/structural damage due to additional weight. A copy of your insurance binder must be attached to your lease. I understand that my emergency & employment information will be provided to the landlord _____ (initial).**

I declare under penalty of perjury that the above information is true. I authorize the owner/agent to verify its validity and obtain a credit report. Any fraudulent misrepresentation may result in denial of rental and/or retention of deposits.

Applicant's Signature: _____ **Date:** _____

Mail: Keller Williams Realty, Attn: Your Agent, 809 Aquidneck Ave., Middletown, R.I. 02842 Fax: 401-845-9202

Drop Off: Mail boxes located outside office. Please place in envelope & address to your agent. *Thank you!*

A copy of the credit report will be provided to the landlord if requested.