

RENTAL APPLICATION

NORTH VILLAGE
CONDOMINIUMS

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 Completed: 1 2 3 4 5

Name: _____ Cell: _____ Home: _____

SSN: _____ DOB: _____ 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

Prior Address: _____

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

Former Landlord: _____ Phone: _____ Wk Cell Hm

ROOMATE INFORMATION - LIST ALL OCCUPANTS

PRINT LEGIBLY

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

PARENT INFORMATION

PRINT LEGIBLY

Name: _____ Cell: _____ Home: _____

Address: _____

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

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
Email (as PDF), FAX or MAIL TO:**

**Fortin Place, LLC
188 Kingstown Road
Narragansett, RI 02882
www.uritownhouses.com**