



Landings at Aquidneck Commerce Center Rental Application

Please print or type on top of the lines provided: Each applicant must complete an application
Please read and sign the Resident Screening Guidelines prior to completing application



A P P L I C A N T	<div></div>						<div></div>									
	Applicant's Full Legal Name						Soc. Sec. #									
	() -		() -		() -											
	Home Phone #		Work Phone #		Cell Phone #		E-mail address									
How Were You Referred To Landings at Aquidneck Commerce Center?																
3 Y E A R R E S I D E N C Y	Present Street Address				Apt. #		City				State		Zip Code			
	Dates: From - To				Yes / No Own home?		If "No," Landlord's Name				() -		Landlord's Phone #			
	Previous Street Address (1)				Apt. #		City				State		Zip Code			
	Dates: From - To				Yes / No Own home?		If "No," Landlord's Name				() -		Landlord's Phone #			
	Previous Street Address (2)				Apt. #		City				State		Zip Code			
	Dates: From - To				Yes / No Own home?		If "No," Landlord's Name				() -		Landlord's Phone #			
	Do You Owe Rent To A Previous Landlord		Yes / No		Have You Ever Been Evicted and/or Sued For Non-Payment of Rent?				Yes / No		Current Rent		\$			
	Have You Ever Been Sued For Damage To Rental Property?				Yes / No		Have You Ever Filed For Bankruptcy				Yes / No		Year			
I N C O M E & A S S E T S	Current Employer (1)				Employer's Street Address				City				State		Zip Code	
	Applicant's Position				Dates: From - To				\$				Annual Gross Income			
	Verification Contact				() -		Contact's Phone #		() -		Contact's Fax #		Contact's e-mail address			
	Current Employer (2) - if applicable				Employer's Street Address				City				State		Zip Code	
	Applicant's Position				Dates: From - To				\$				Annual Gross Income			
	Verification Contact				() -		Contact's Phone #		() -		Contact's Fax #		Contact's e-mail address			
	\$															
	Amount of Other Income/Assets				Source of Other Income/Assets											
O C C U P A N T S	Other Occupant's Name						Other Occupant's Name									
	Other Occupant's Name						Other Occupant's Name									
	Other Occupant's Name						Other Occupant's Name									
	Other Occupant's Name						Guarantor									
P E T S	Pet Type		Breed (If Mixed Breed, List All Breeds Part of Ancestry)						Weight							
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A U T O S	Make		Model		Year		Color		License Plate # & Issuing State				Driver's License # & Issuing State			
	Make		Model		Year		Color		License Plate # & Issuing State				Driver's License # & Issuing State			
C O N T A C T S	Emergency Contact's Name (1)						Relationship to you									
	Emergency Contact's Address				Apt. #		City				State		Zip Code			
	() -		() -		() -											
	Home Phone #		Work Phone #		Cell Phone #		E-mail address									
	Emergency Contact' Name (2)						Relationship to you									
	Emergency Contact's Address				Apt. #		City				State		Zip Code			
	() -		() -		() -											
Home Phone #		Work Phone #		Cell Phone #		E-mail address										
FOR OFFICE USE ONLY																
Apartment # Applying For		Unit Size/Type		Floor		Est. MI Date		Monthly Rent		Other Fees		Security Dep.				
Special Requests																
Lease Term: From - To																
Date Applicant Notified By: <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person of <input type="text"/> Acceptance or <input type="checkbox"/> Denial _____																
Leasing Agent That Rented Apt. _____ Leasing Agent That Notified Applicant of Decision _____																
Landings at Aquidneck Commerce Center, LLC received a non-refundable application fee of \$ _____ and a reservation fee of \$ _____ with Check or Money Order # _____ on _____ which is considered the date of application. Balance due at move-in must be paid in the form of a certified check or money order																

I understand that the Owner/Agent will collect a non-refundable application fee and a reservation fee as stated above. I also understand that I will have three days from the time and date of application to cancel this Rental Application. I understand that if I rescind my application after three days from the initial time and date of application, the entire balance on my account will be forfeited. I understand that this application is subject to acceptance or denial. If this application is denied the reservation fee will be returned to aplicant. This application will be processed in accordance with the applicable property's Resident Screening Guidelines in effect on the date of application. I hereby authorize Owner/Agent to obtain and/or review c onsumer reports (obtained by the Owner/Agent or supplied by Applicant), and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connectio n with the rental or lease of a residence for which application was made. I hereby expressly release Owner/Agent, and any procurer or furnisher of information, from any liability what -so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. Should any statement made in this rental application be a misrepresentation or untrue, the application will be denied immediately.

Applicant's printed name _____
Applicant's signature _____ Date _____
Owner/Agent's signature _____ Date _____