

Source Code: _____

**THE PROMENADE
APPLICATION FOR RESIDENCY**

255 Promenade Street, Providence, RI 02908

Date: _____ (Each co-resident must submit separate applications)

Bldg/Apt. # _____	Leasing Consultant _____	Deposit _____
Apt. Type _____	Monthly Rent _____	Storage # _____
Lease Begin Date _____	Pro-Rate Amount _____	Storage Fee _____
Move-In Date _____		
Lease End Date _____	<i>(THIS SECTION FOR OFFICE USE ONLY)</i>	

PERSONAL INFORMATION

Applicant's Name: _____ SS# _____ Date of Birth _____
First Middle Initial Last

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Driver's License #: _____ State _____ Marital Status _____

Co-Applicant's Name: _____ SS# _____ Date of Birth _____
First Middle Initial Last

Other Occupants:

Name Relationship SS# _____ Date of Birth _____

Name Relationship SS# _____ Date of Birth _____

Name Relationship SS# _____ Date of Birth _____

RESIDENT HISTORY

Current Address: _____
Street Apt. # City State Zip

Type of Residency: Rent Own Other _____ Dates: From ___/___/___ TO ___/___/___

Monthly Rent/Mortgage: \$ _____ Landlord/Mortgage Co. Name: _____

Landlord/Mortgage Address: _____ Phone: _____
Street City, State Zip Code

Previous Landlord/Mortgage: _____ Phone _____ Dates: From ___/___/___ TO ___/___/___

Reason for Moving: _____ Have you ever been evicted from any leased premises? _____

EMPLOYMENT INFORMATION

Present Employer _____ Business Address _____
Address City State Zip

Business # _____ Position: _____ Employed Since ____/____/____ Salary \$ _____

Supervisor's Name _____ Supervisor's Phone: _____ Fax #: _____

Co-Applicant's Employer _____ Business Address: _____
Address City State Zip

Business # _____ Position: _____ Employed Since ____/____/____ Salary \$ _____

Supervisor's Name _____ Supervisor's Phone: _____ Fax #: _____

2nd Co-Applicants Employer _____ Business Address: _____
Address City State Zip

Business # _____ Position: _____ Employed Since ____/____/____ Salary \$ _____

Supervisor's Name _____ Supervisor's Phone: _____ Fax #: _____

CREDIT/BANK INFORMATION

Primary Bank Name: _____ Location: _____

Secondary Bank Name: _____ Location: _____

VEHICLE INFORMATION

Vehicle Make/Model _____ Year _____ Color _____ License Plate # _____ State _____

Vehicle Make/Model _____ Year _____ Color _____ License Plate # _____ State _____

PETS

Do you own any pets? _____ If so, how many? _____ Kind _____ Weight _____

EMERGENCY CONTACT

Name _____ Telephone # _____ Relationship _____

Barkan Management Co. Inc. does not discriminate on the basis of race, religious creed, national origin, sexual orientation, age (except if applicant is a minor), ancestry, martial status, handicap, or status as a veteran or member of the armed forces.

DEPOSIT (This section is to be filled out by the Leasing Consultant)

Applicant has submitted the sum of \$_____, which is a **non-refundable** payment for a credit check and processing charge of this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover the cost of processing this application as furnished by the applicant. Any false information will constitute grounds for rejection of this application.

A good faith deposit in the amount of \$_____, which represents one full months rent has been collected. Upon approval of application this deposit will become a security deposit. The first month's rent and any pro-rated rent, as well as any additional storage, parking fees, etc. will be required upon signing the lease agreement.

All applicants are considered approved at the time of submittal of application forms, with the understanding that verification of employment and/or financial status may be pending. In consideration of the owner taking the dwelling off of the market after receiving this good faith deposit, by signing this agreement applicant understands they may lose their deposit in full. Even if a lease agreement is never signed due to cancellation from the applicant, this deposit will then be considered compensation for expenses incurred and loss of revenue as a result of taking the dwelling off of the market. If for any reason management rejects this application, the good faith deposit will be refunded in full.

A deposit has been received for 255 Promenade St, Apartment # _____ and it is a _____ bedroom.

The undersigned warrants and represents the information on this rental to be true and correct. All persons/firms named may freely give any requested information concerning me and I hereby waive all right of action for any consequence resulting from such information.

I hereby authorize Barkan Management Company, Inc. the right to verify all references and credit records at anytime.
Landlord/Owner not responsible for delivery date of apartment homes.

Applicants Signature

Date Signed

Application Approved By

Date Approved

Applicants Rejected by

Date Rejected

LANDLORD/MORTGAGE REFERENCE REQUEST

To: _____

Date: _____

_____ has applied for residency at The Promenade located in Providence, Rhode Island. As part of the application process, it is necessary to obtain verification of his/her prior places of residency.

Permission granted by: _____
(Applicants Signature) (Applicant's Printed Name)

Please complete the section below and return it to us via mail or fax (401-270-0896) within 48 hours, if possible. We thank you in advance for your assistance.

Sincerely,

Promenade Consultant

Information Needed:

Dates of Residency: From ____/____/____ to ____/____/____

Monthly Rent/Mortgage \$ _____

Was rent/mortgage paid timely? _____ If no, number of late payments _____

NSF Checks _____ If yes, how many? _____

Is rent mortgage overdue at this time? _____ Pets, please describe _____

Were legal proceedings/evictions ever filed against applicant or co-applicant? _____

Other: _____

Verified by

Printed Name

Title

Date

EMPLOYMENT VERIFICATION REQUEST

To: _____

Date: _____

_____ has applied for residency at The Promenade Apartments, in Providence, Rhode Island. As part of the application process, it is necessary to obtain verification of his/her employment and income prior to occupancy.

Permission granted by: _____
(Applicants Signature) (Applicant's Printed Name)

Please complete the section below and return it to us by mail or fax (401-270-0896) within 48 hours, if possible. We thank you in advance for your assistance.

Sincerely,

Promenade Consultant

Information Needed:

Dates of Employment: From ____/____/____ to ____/____/____

Position: _____

Salary: \$_____ per _____

Tips, commission, and bonuses: \$_____
(Average per week)

Verified by

Printed Name

Title