



Landings at Aquidneck Crossing 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

Equal Housing Opportunity

APPLICANT	Applicant's Full Legal Name _____			Soc. Sec. # _____	
	() - () - ()		() - () - ()		() - () - ()
	Home Phone #	Work Phone #	Cell Phone #	E-mail address	
	How Were You Referred To Landings?				

RENTAL HISTORY	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 # _____
RENTAL HISTORY	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 _____

INCOME	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 _____
ASSETS	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 _____				

OCCUPANTS	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 _____		

PETS	Pet Type _____	Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____	Weight _____
	Pet Type _____	Breed (If Mixed Breed, List All Breeds Part of Ancestry) _____	Weight _____

AUTOS	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 _____

CONTACTS	Emergency Contact's Name (1) _____		Relationship to you _____			
	Emergency Contact's Address _____		Apt. # _____	City _____	State _____	Zip Code _____
	() - () - ()		() - () - ()	() - () - ()	E-mail address _____	
	Home Phone #	Work Phone #	Cell Phone #	E-mail address		
CONTACTS	Emergency Contact' Name (2) _____		Relationship to you _____			
	Emergency Contact's Address _____		Apt. # _____	City _____	State _____	Zip Code _____
	() - () - ()		() - () - ()	() - () - ()	E-mail address _____	
	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. _____
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Special Requests _____ Lease Term: From - To _____

Date Applicant Notified By: Phone Letter In Person of Acceptance or Denial _____

Leasing Agent That Rented Apt. _____ Leasing Agent That Notified Applicant of Decision _____

Aquidneck Crossing, 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 applicant. 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 consumer 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 connection 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 whatsoever 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 _____