

CANNING MANAGEMENT GROUP



EQUAL HOUSING OPPORTUNITY

FOX POINT MANOR

575 WICKENDEN STREET
PROVIDENCE, RI 02903
(401) 273-7417

Fox Point Manor is a NON-SMOKING Facility

Fox Point Manor has adopted the elderly preference effective 07/01/11

Rental Application

Date: _____ **Applicant Phone#:** _____

Applicant Name: _____

Street Address: _____ **Apt/FI:** _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (if different than above):

Street Address: _____ **Apt/FI:** _____

City: _____ **State:** _____ **Zip:** _____

Do you own a vehicle? YES NO If yes, is the vehicle registered to you? YES NO

How did you hear about us? _____

Applying for: 1 BR 2 BR

Person displaced by public action

Person displaced by private action beyond their control

Person handicapped

Person living in sub-standard housing

Person living in overcrowded conditions

Person paying rent greatly in excess of their means

Person permanently disabled

Are you confined to a wheelchair? YES NO

Is there any reasonable accommodation request, relating to any disability, that you would like to bring to our attention? Please use the space provided below for your request.

1. LIST ALL PERSONS WHO WILL OCCUPY THE APARTMENT:

Name:	DOB:	Age:	Social Security #:	Relationship:	Sex: M/F/Other/Do not wish to furnish
				HEAD	

2. CURRENT ADDRESS INFORMATION:

Current Landlord Name: _____ Phone #: _____
 Landlord Address: _____
 City: _____ State: _____ Zip: _____
 Time lived at current address: From: (Mo./Yr.) _____ To: (Mo./Yr.) _____
 Monthly Rent: \$ _____

3. LIST LAST TWO PREVIOUS ADDRESSES:

Previous Address #1: _____ Landlord Name: _____
 City: _____ Landlord Address: _____
 State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Occupied from: (Mo./Yr.) _____ To: (Mo./Yr.) _____ Landlord Phone #: _____
 Reason for leaving: _____

Previous Address #1: _____ Landlord Name: _____
 City: _____ Landlord Address: _____
 State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Occupied from: (Mo./Yr.) _____ To: (Mo./Yr.) _____ Landlord Phone #: _____
 Reason for leaving: _____

Are you currently employed? YES NO

4. PRESENT EMPLOYMENT:

Name of Employer: _____ Employer Phone #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Length of Employment: From: (Mo./Yr.) _____ To: (Mo./Yr.) _____
 Annual wages: \$ _____

5. OTHER SOURCE OF INCOME:

Source	Applicant	Co-Applicant	Other household member	Amount
Social Security (Retirement/Disability)				\$
SSI				\$
DHS Supplement				\$
Veterans Benefits				\$
Unemployment				\$
Alimony				\$
Workers Comp.				\$
TDI				\$
Child Support				\$
General Public Assistance (GPA)				\$
Income From Business				\$
Other				\$

5. OTHER SOURCE OF INCOME cont'd:

Are you receiving a pension? YES NO

If "YES" provide the following information:

Name of person receiving: _____

Pension Name: _____

Pension #: _____

Address: _____

City: _____ State: _____

Zip: _____

Pension Amount: \$ _____

6. BANK INFORMATION:

ACCOUNT:	BANK NAME	ACCOUNT #	AMOUNT
Savings:	_____	_____	\$ _____
	_____	_____	\$ _____
Checking:	_____	_____	\$ _____
	_____	_____	\$ _____
Stocks or Certificates:	_____	_____	\$ _____
	_____	_____	\$ _____

Do you own Real Estate: YES NO Approximate Value: \$ _____

Is there a mortgage on the property? YES NO If so, what is the payoff amount? \$ _____

Have you disposed of assets for less than fair market value within the last 2 years? Please check one.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, indicate type of asset: _____
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Do you own a pet? YES NO Kind: _____ Age: _____ Weight: _____

PET LEASE REQUIRED FOR DOGS AND CATS

***Please note* Our current pet lease states that dogs must be no more than 25 lbs. in weight.**

EDUCATION:

Is anyone in your household currently enrolled either on a full or part-time basis in an accredited institution of higher education for any 5 months of the calendar year?

YES NO If yes, please indicate the name(s) below:

The following information will be required by the federal government to monitor this owner's compliance with Equal Housing Opportunity and Fair Housing Laws.

The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

RACE/NATIONAL ORIGIN:

<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Hispanic/ Latino	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Other
<input type="checkbox"/>	I do not wish to furnish this information.				

AN AGGRIEVED PERSON MAY FILE A COMPLAINT OF A HOUSING DISCRIMINATION ACT WITH:

U.S. Department of Housing and Urban Development
One Weybosset Hill
33 Broad Street, 4th Floor
Providence, RI 02903
Telephone: (401) 277-8300

Please note that this in no way insures occupancy. Additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in this application. Any false statement or misrepresentation on your application will affect approval of residency.

Print Name

Applicant Signature

Date

Print Name

Co-Applicant Signature

Date