

CANNING MANAGEMENT GROUP



EQUAL HOUSING OPPORTUNITY

LAWRENCE APARTMENTS

25 EAST BOWERY STREET

NEWPORT, RI 02840

(401) 421-6837

Lawrence Apartments is a **NON-SMOKING** Facility

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:

☐

2 BR only

☐

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.

Yes

No

If yes, indicate type of asset:

Please Note* Lawrence Apartments has a No Pet Policy.*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