

CANNING MANAGEMENT GROUP



EQUAL HOUSING OPPORTUNITY

CANONCHET CLIFFS III

807 Main Street
Hope Valley, RI 02832
(401) 539-8200

Canonchet Cliffs III 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

Bedroom Preference 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?

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:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Approximate Value:	\$ _____
Is there a mortgage on the property?	<input type="checkbox"/> YES <input type="checkbox"/> 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: _____	

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.				

Where did you hear about us? _____

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

