# Peace of Mind Property Management & Real Estate, Inc.

**Addresses of Properties Interested in:**_____

**RENTAL APPLICATION**

*SEPARATE APPLICATION REQUIRED FROM EACH APPLICANT AGE 18 OR OLDER*

**www.pmpmre.com**

## APPLICANT

Full Name (INCLUDE ALL NAMES USED):_____

Home Phone: (_____)_____

Cell Phone: (_____)_____

Work Phone: (_____)_____ Extension _____

E-Mail: _____

Date of Birth*:_____ /_____ /_____SS #:_____-_____-_____

Driver's License # _____ State: _____

## ADDITIONAL OCCUPANTS

**LIST EVERYONE, INCLUDING CHILDREN, WHO WILL LIVE WITH YOU:**

Full Name: _____

Age: _____ Relationship to You: _____

Full Name: _____

Age: _____ Relationship to You: _____

Full Name: _____

Age: _____ Relationship to You: _____

## RENTAL HISTORY

Current Address: _____

City/Town: _____ State: _____ Zip Code: _____

Moved into this address on what date: _____

Reason for Leaving: _____

Landlord's Name: _____ Phone: (____)_____

Previous Address: _____

City/Town: _____ State: _____ Zip Code: _____

Moved into this address on what date: _____

Reason for Leaving: _____

Landlord's Name: _____ Phone: (____)_____

## EMPLOYMENT HISTORY / SOURCE OF INCOME

**Current Occupation or Source of Income:** _____

Hourly Wage _____ Hours Per Week _____

Name of Current Employer:_____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Name of Supervisor: _____

Supervisor's Phone: (____)_____Extension _____

Dates Worked at this Job: _____

**Former or Second Source of Income:** _____

Hourly Wage _____ Hours Per Week _____

Name of Employer:_____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Name of Supervisor: _____

Supervisor's Phone: (____)_____Extension _____

Dates Worked at this Job: _____

**Other Sources of Income:** Child Support $/mo_____

SSI/SSDI $_____ Food Stamps $ _____

Section 8 ❑ Case Worker Name:_____

**Please return application to | 968 Elm St, Woonsocket, RI 02895 | Phone: (401) 765-8800 | Fax: (401) 671-6146 | Email: Sarah.Sullivan.2021.3@peaceofmind.totalbrokerage.com**

# RENTAL APPLICATION
*Page 2*

Please email the office two business days after you submit your application to check on the status. Thank you!
pomassistant@gmail.com

## TOTAL # of VEHICLES _____

Year: _____ Make _____ Model _____ Color _____
State: _____ Plate Number _____

## PETS Check Box if NONE ❑

Dog: _____ Breed _____
Cat: _____ Declawed?: _____ Spayed/Neutered?: _____
Bird: _____ Breed _____
Fish: _____ Aquarium?: _____ Yes _____ No If Yes, #gals_____
Other (Please Specify): _____

## MISCELLANEOUS

How many smokers will be living in the residence? ❑1 ❑2 ❑3 ❑0

How many times in the past year have you experienced:

Bedbugs_____ Fleas_____
Cockroaches_____ Mice_____

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Relationship Disclosure: *Peace of Mind is the Designated Client Representative for the Landlord*

**Have You Ever:** Been Convicted of a Crime? _____ Yes _____ No Been Evicted? _____ Yes _____ No
Please explain any "yes" answer listed above: _____

## REFERENCES AND EMERGENCY CONTACT INFORMATION

Personal Reference: _____ Relationship: _____ Years Known: _____
Address: _____ City/Town: _____ State:_____ Zip Code: _____ Phone: (____)_____

In Case of Emergency, Notify (Name): _____ Relationship: _____
Address: _____ City/Town: _____ State:_____ Zip Code: _____ Phone: (____)_____

* Date of Birth is being requested only for the purposes of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes. Pursuant to Rhode Island laws, the Management shall not make any inquiry concerning the race, religious creed, color, national origin, gender, sexual orientation, age (except as stated above), ancestry or marital status of the Applicant, or concerning the fact that the applicant is a veteran or a member of the armed forces or is handicapped.

**I certify that all the information given above is true and correct and understand that any subsequent lease or rental agreement I have with Peace of Mind Property Management & Real Estate, Inc. will be terminated if I have made any material false or incomplete statements in this application. As a material inducement to be considered as a tenant for the Premises, I herewith consent to and authorize Peace of Mind Property Management & Real Estate, Inc., or any agent of same, to contact all landlord, employment and personal references named in this application, and to conduct a criminal and credit review, including obtaining my credit report from any authorized credit reporting agency.**

_____ APPLICANT SIGNATURE

_____ DATE

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