



# 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](http://www.pmpmre.com)

## APPLICANT

Full Name (INCLUDE ALL NAMES USED): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

By providing your phone number, you agree to receive text messages from PMPMRE regarding updates, offers, and promotions. Reply STOP to opt-out anytime. Message and data rates may apply. For more information, please read our privacy policy and terms of service.

## 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: \_\_\_\_\_

**RENTAL APPLICATION**  
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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