

**FRANKLIN COURT INDEPENDENT LIVING -
150-160 Franklin St. - Bristol, RI 02809
PRELIMINARY RENTAL APPLICATION**

FOR OFFICE USE ONLY

Date Application Received:
Interview date:
L/VL: _____ Imputed Assets:
Imputed Assets Disposition Date:
Special Needs:
Refused Unit:

Please fill out each item as completely as possible.

Date Occupancy Desired: _____

Number of Bedrooms Desired: _____

Do you own a car? Yes No If yes, please describe: _____

Do you have any pets? Yes No If yes, please describe: _____

How did you hear about this complex? _____

Your Name: _____ Home Telephone: _____

Present Address: _____
Street & Apt. Number City State Zip

Mailing Address (if different): _____

Please complete the following information about each person to occupy apartment (including applicant):

Name	Sex	Relationship	Date of Birth	Place of Birth	Soc. Sec. #
		HEAD			

RACE (Please note that completing this section is optional. The information will be used only for Fair Housing Programs as required by federal and state laws.)

White Black Asian Native American Hispanic Other: _____

Citizenship Status: Are you a U.S. Citizen? Yes No If no, please indicate residency status: _____

Are you, your spouse, or any member of your household a full-time student? _____

Please list all landlords for the past five years, in reverse order. If more space is needed, please attach a separate sheet of paper. If you have lived at your current address for five years, give name and address of your present Apartment.

Name & Address of Current Landlord: _____

Apt. Size: _____ Date from: _____ To: _____

Monthly Rent: _____ Utility cost/month: _____ Reason for leaving: _____

Previous Address: _____

Previous Landlord: _____

Address of Previous Landlord: _____

Apt. Size: _____ Date from: _____ To: _____

Monthly Rent: _____ Utility cost/month: _____ Reason for leaving: _____

EMPLOYMENT (please include employment of all persons to occupy apartment)

Name of Employer: _____ Tel. No: _____

Business Address: _____

Length of Employment: _____ Annual Gross Wages: _____

OTHER SOURCES OF INCOME (please include all persons to occupy apartment)

Social Security: Monthly Amount \$ _____ S.S. No. _____

SSI: Monthly Amount \$ _____ S.S. No. _____

Veterans Benefits: Monthly Amount \$ _____ S.S. No. _____

Pension: Monthly Amount \$ _____ Name of Pension: _____

Alimony \$ _____ Child Support \$ _____

Other - Please Explain: _____

MEDICAL EXPENSES: Amount of your yearly health insurance payments \$ _____

Amount of your yearly medical expenses not covered by insurance \$ _____

ASSETS (list all accounts including: savings, checking, certificates, etc.)

Acct. No: _____ Amount: _____ Int. Rate: _____

Bank Name and Address: _____

Acct. No: _____ Amount: _____ Int. Rate: _____

Bank Name and Address: _____

Acct. No: _____ Amount: _____ Int. Rate: _____

Stocks - Name: _____ No. Shares: _____ Value \$ _____

Bonds - Name: _____ No. Shares: _____ Value \$ _____

Cash Surrender Value of Life Insurance Policy \$ _____

Property Owned: _____ Net Sales Value \$ _____

Street

City

State

9. During the past two (2) years have you given away more than \$1,000 or disposed of other assets for less than their fair market value? Yes No If yes, please explain: _____

10. CREDIT REFERENCES (Charge Accts., Bank Loans, Time Payments, Etc.) Name and Address of Company:

- 1. _____
- 2. _____
- 3. _____

11. PERSONAL REFERENCES - NO RELATIVES (Please include Name, Address & Phone No.)

- 1. _____
- 2. _____
- 3. _____

12. Do you require an apartment modified for a wheelchair or any other type of "Reasonable Accommodations" (as defined under Section 504 (24 CFR Part 8 dated 6/2/88)? Yes No If yes, please explain: _____

Are you seeking admission on the basis of being handicapped or disabled? Yes No

If yes, you must provide proper verification of your handicap or disability.

Do you require an apartment modified for a wheelchair? Yes No

Do you require any special accommodation on the basis of a handicap or disability? Yes No

If yes, please state what special accommodations you require. Answering "no" does not preclude any subsequent request for an accommodation to a disability. _____

13. CRIMINAL RECORD - Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last ten years? Yes No

Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years?

Yes No If yes to either, please describe the circumstances, docket number, charge, date and court: _____

Do you use controlled substances (e.g. drugs) illegally? Yes No

If yes, please explain: _____

14. Has your families' assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with the recertification procedure? Yes No

Have you, or any member of your household, ever received housing assistance from any housing agency or other landlord? This includes rental assistance programs. Yes No If yes, please state:

Name of head of household at that time: _____

Relationship to present applicant: _____

Name of Housing Agency or Landlord: _____

Date moved out: _____ Reason moved out: _____

Did you leave in good standing? Yes No

If no, please explain: _____

15. Have you or any household members ever been evicted? Yes No

If yes, please describe the circumstances, including date of eviction: _____

16. Have you been denied housing in the past five years? Yes No If yes: Please describe the circumstances: _____

I, the undersigned, understand that this is a preliminary rental application and in no way ensures my occupancy. Additional information may be required at a later date to complete the processing of this application.

My signature below certifies that the information contained in this application is true and authorizes the management to verify that information. I understand that any false statements will result in the cancellation of this application.

Please be advised that Barkan Management Company, Inc. and Franklin Court Independent Living does not discriminate against applicants in the provision of services, or in any other manner on the grounds of race, color, creed, religion, sex, handicap or national origin.

Date

Signature of Applicant

Date

Signature of Co-Applicant