

Complex: _____
#BR _____
Rent: \$ _____

The Franklin Group LLC

P.O. Box 69, West Warwick, RI 02893
401-272-3254

Email: info@franklinapts.com

APPLICATION FOR LEASE OR RENT

APPLICANT NAME _____ D.O.B. ____/____/____

S.S. # _____ - _____ - _____ DRIVERS LICENSE # _____
PLEASE LIST ALL PERSONS WHO WILL BE LIVING ON PREMISES, INCLUDE S.S # AND AGES

NAME _____ S.S. # _____ - _____ - _____ AGE _____

NAME _____ S.S. # _____ - _____ - _____ AGE _____

DO YOU OWN ANY PETS? _____ IF YES, WHAT KIND _____

CURRENT ADDRESS _____

PHONE _____ E-mail address _____

LANDLORD NAME _____ TELEPHONE _____ YRS LIVED THERE _____

AUTOMOBILE YEAR MAKE & MODEL _____ PLATE NUMBER _____

AUTOMOBILE YEAR MAKE & MODEL _____ PLATE NUMBER _____

PLEASE LIST LAST ADDRESS WITH LANDLORD NAME & NUMBER

ADDRESS (Including Town & Zip) _____

LANDLORD NAME _____ TELEPHONE _____

EMPLOYMENT INFORMATION

NAME OF EMPLOYER _____ TELEPHONE _____

ADDRESS OF EMPLOYER _____ YRS WORKED THERE _____

POSITION _____ SALARY \$ _____ CONTACT NAME _____

CO-APPLICANT INFORMATION

NAME _____ D.O.B. ____/____/____

S.S. # _____ - _____ - _____ DRIVER'S LICENSE # _____

ADDRESS _____ TELEPHONE _____

NAME OF EMPLOYER _____ TELEPHONE _____

ADDRESS OF EMPLOYER _____ YRS WORKED THERE _____

POSITION _____ SALARY \$ _____ CONTACTNAME _____

The undersigned applies for rent/lease and represents that the property will not be used for any illegal or restricted purpose and that all statements made in this application are true and for the purpose of obtaining the above mentioned rent or lease. Verification may be obtained from any source named in this application or from a recognized credit-reporting agency. The rental agent/landlord may obtain the original or a copy of this application even if the rent or lease is not granted. The decision to grant or deny this application is at the sole discretion of the agent/landlord.

APPLICANTS SIGNATURE _____ DATE _____

CO-APPLICANTS SIGNATURE _____ DATE _____

Please scan or take a picture of your application and upload it at the franklinapts.com website in .PDF or .JPG format. Your application will automatically be deleted from our system after 14 days.

Office Use Only:
Date: _____
Score: _____
Approval: _____