

TRAFALGAR

EAST APARTMENTS

Professionally Managed by Property Advisory Group, Inc.
Phone: 401-884-3555 • Fax 401-541-9166

FOR OFFICE USE ONLY

No. Bedrooms _____
Apartment No. _____
Move In Date _____
Today's Date _____
Base Rent Per Month _____
Security Deposit _____

Received a non-refundable application fee of \$ _____ and a holding deposit of \$ _____ with Check or Money Order # _____
On Date: _____, which is considered the effective start date of application.

NAME: First	Middle	Last	Birth Date	SS#
Present Address			Home Phone	
City	State	Zip	How Long	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Landlord/Mortgagee's Name & Address			Contact Phone	
Date of Current Occupancy:	From	To	Monthly Rent/Mortgage Payment	
Previous Address		City	State	Zip
Previous Landlord's Address			Phone	
CO-APPLICANT NAME:			Birth Date	SS#
Present Address			Home Phone	
City	State	Zip	How Long	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Landlord/Mortgagee's Name & Address			Contact Phone	
Date of Current Occupancy:	From	To	Monthly Rent/Mortgage Payment	
Previous Address		City	State	Zip
Previous Landlord's Address			Phone	

List below all other persons to occupy apartment: (Date of Birth for Minors Only)

1. _____	2. _____
Name	Name
Relationship	Relationship
DOB	DOB
3. _____	
Name	
Relationship	
DOB	

EMPLOYMENT INFORMATION

Present Employer (Applicant)	Annual Salary
Address	Phone
City	State
Zip	Position
	Length of Employment
Present Employer (Co-Applicant)	Annual Salary
Address	Phone
City	State
Zip	Position
	Length of Employment

Applicant represents that the statements made are true and correct and hereby authorizes verification of employment, financial and landlord. Applicant acknowledges that the application fee is non-refundable. If the application is accepted, I (we) agree to enter into a written lease for the above described apartment, in which case earnest money (exclusive of any application fee) will be applied to our account if I (We) refuse to enter into a written Lease upon being offered the above described apartment. Property Advisory Group Inc. (PAG) shall retain the earnest money as liquidation damages. Deposit is non-refundable after 48 hours.

I hereby authorize Owner/Agent to obtain consumer reports, and any other information it deems necessary for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, civil and criminal information, records of arrest, rental history, employment details and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under the authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental of a residence for which application was made. I hereby expressly release Owner/Agent and any procurer or furnisher of information, from any liability what-so-ever in the use, or furnishing of such information, and understand information may be provided to various local state and/or federal government agencies, including without limitation, various law enforcement agencies.

Signed by PAG Representative _____ Date _____ Applicant _____ Date _____
Applicant _____ Date _____

