

# THE RESIDENCES AT RIVER'S EDGE

Date Received: \_\_\_\_\_

## APPLICATION FOR APARTMENT

THE RESIDENCES AT RIVER'S EDGE  
697 Davol Street  
Fall River, MA 02720  
(508) 567-0569

Applications are placed in order of date and time received.

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State Zip

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License or Government Issued Photo ID #: \_\_\_\_\_

Type of ID:     State     Government

Bedroom Size Requested:     One BR     Two BR

Present Home:     Rented Apartment     Rented Home     Owned Home     Live with Family

How did you hear about our community? \_\_\_\_\_

Did anyone refer you? \_\_\_\_\_



List all persons that will reside in this apartment. **Anyone over 18 needs to fill out a separate application.**

	Name	Relationship to Head	Birth Date	SS#
Head				
Co-T				
3.				
4.				

### B. INCOME

List ALL sources of income as requested below.

Source of Income	Gross Monthly Amount
Social Security	\$
Pension (list source)	\$
Pension (list source)	\$
Pension (list source)	\$
Veteran's Benefits (list claim #)	\$
Annunity Payments	\$
Interest Income (source)	\$
Interest Income (source)	\$
Interest Income (source)	\$



Household Member Name	Source of Income	Monthly Amount
	<b>Employment Amount</b>	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	<b>Employment Amount</b>	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	<b>Employment Amount</b>	\$
	Employer:	
	Position Held:	
	How Long Employed:	
	<b>Alimony</b>	
	Do you receive alimony? <input type="radio"/> Yes <input type="radio"/> No	
	If yes, list amount you receive	\$
	<b>Child Support</b>	
	Do you receive alimony? <input type="radio"/> Yes <input type="radio"/> No	
	If yes, list amount you receive	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$

*GROSS MONTHLY FAMILY INCOME MUST BE THREE TIMES THE MONTHLY RENT.  
IF THAT IS NOT THE CASE, MUST SHOW PROOF OF ASSETS IN EXCESS OF \$100,000.*



### C. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?     Yes     No

Have you or any member of your family ever been convicted of a felony?     Yes     No

*If yes, describe:* \_\_\_\_\_

\_\_\_\_\_

Have you or any member of your family ever been evicted from any housing?     Yes     No

*If yes, describe:* \_\_\_\_\_

\_\_\_\_\_

Have you ever filed for bankruptcy?     Yes     No

*If yes, describe:* \_\_\_\_\_

\_\_\_\_\_

Will you take an apartment when one is available?     Yes     No

*Briefly describe your reasons for applying:* \_\_\_\_\_

\_\_\_\_\_

### D. REFERENCE INFORMATION

#### Current Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

How Long: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

#### Previous Landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

How Long: \_\_\_\_\_ Move Out Date: \_\_\_\_\_



**Personal Reference #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**In Case of Emergency, Notify**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**E. VEHICLE AND PET INFORMATION (IF APPLICABLE)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Year/Make: \_\_\_\_\_ Color: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Year/Make: \_\_\_\_\_ Color: \_\_\_\_\_

Do you own any pets? (additional security deposit required)     Yes     No

*If yes, describe:* \_\_\_\_\_

**CERTIFICATION**

I/We understand I/We must pay a deposit for this apartment prior to occupancy. This will hold the apartment for us, and will become our security deposit upon move in. If we change our mind within 72 hours of signing deposit agreement, we can receive a refund. After 72 hours, the deposit is forfeited. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must fill out and sign an application.

**SIGNATURE(S)**

\_\_\_\_\_  
Signature of Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Tenant

\_\_\_\_\_  
Date

