**Geoffroy Realty, LLC Apartment Lease Application**

Directions:

Each occupant and co-applicant of 18 years or older must submit an application
Applicants with co-signors must have their co-signor(s) complete the “Co-Signer Addendum” form at the end of this application. Required documentation (e.g. proof of income) should be returned with the completed application
Copy of driver’s license, passport, and or student identification card is required.

All applicants’ credit will be checked.

**APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Last Name | Middle Initial | Birthdate  |
| Social Security Number | Driver’s License # | Driver’s License State | Expiration Date |
| E-Mail | Phone Number (H) | Phone Number (W) | Phone Number Cell |
| Spouse’s First Name | Last Name  | Middle Initial | Birthdate |
| Social Security Number | Driver’s License # | Driver’s License State | Expiration Date |
| E-Mail | Phone Number (H) | Phone Number (W) | Phone Number Cell |

**PRIMARY APPLICANT’S RENTAL HISTORY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Address | City | State | Zip |
| Since | Rent Amount | Rent Payment Period | Was Rent Up to Date? (Y)/(N) |
| Landlord’s Name | Landlord’s Phone Number | Landlord’s E-Mail | Passport Number |
| Previous Address | City | State | Zip |
| Move-in Date | Move-Out Date | Rent Payment Period | Rent Amount |
| Was Rent Up to Date? (Y)/(N) | Landlord’s Name | Landlord’s Phone Number | Landlord’s E-Mail |

**OCCUPANTS THAT WILL LIVE IN THE PROPERTY**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Relationship | Driver’s License Number/State |
| Full Name | Age | Relationship | Driver’s License Number/State |
| Full Name | Age | Relationship | Driver’s License Number/State |

**PETS THAT WILL LIVE IN THE PROPERTY**

One domesticated pet is permitted per unit. There is a monthly fee charge for animals without Emotional Support/Emotional Therapy certification. Proper documentation is required upon execution of the lease.

|  |  |  |  |
| --- | --- | --- | --- |
| Animal Name | Animal Breed | Animal Weight | Animal Color |
| City of License | License Number | Date of Last Rabies Shot | Owner Name |

**APPLICANT’S EMPLOYMENT/EDUCATIONAL HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Employer/University | Position | Supervisor’s Name | Supervisor’s Phone Number |
| Supervisor’s E-Mail | Salary | Monthly Income | How Long Worked There |
| Previous Employer | Position | Supervisor’s Name | Supervisor’s Phone Number |
| Supervisor’s E-Mail | Salary | How Long Worked There |  |

Proof of Salary Documentation: Please provide a copy of your two (2) most recent pay stubs. If you currently do not have a salary, please provide proof of ability to pay rent such as documentation of alternative sources of income, bank statements indicating deposit amount(s), and/or available lines of credit.

Self Employed Applicants: Please provide the previous year’s tax return or proof of ability to pay rent such as documentation of alternative sources of income, bank statements indication deposit amount(s), and/or available lines of credit.

Applicants with C0-Signer(s): Please have each co-signer complete the attached “Co-Signer- Addendum”.

**APPLICANT’S VEHICLE INFORMATION**
Complete this section if you are planning to rent a parking space in the property’s indoor valet garage.

Note: Parking spaces are $275/month.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Make | Model | Year | Color | License Plate # |
| Make | Model | Year | Color | License Plate # |

Has the Applicant or Occupants name in application ever filed for bankruptcy? (Yes) or (No)
 Date filed: Date Granted: Date Discharged:

Has the Applicant or Occupants named in application ever been evicted or had judgement issued against him/her? (Yes) or (No)

Are there any outstanding judgements against Applicant or Occupant named in application? (Yes) or (No)

Has the Applicant or Occupants named in application had property foreclosed upon or given title or deed in lieu thereof in the past seven (7) years? (Yes) or (No)

Has Applicant or Occupants named in application have pending criminal charges or ever been convicted of pleading guilty, or no contest to, any criminal offense(s) other than traffic infractions that were disposed of other than by acquittal or a finding of not guilty? (Yes) or (No)

Is the Applicant or Occupants named in application party to a lawsuit? (Yes) or (No)

Is Applicant or Occupants named in application obligated to pay alimony, child support, or separate maintenance? (Yes) or (No)

**Agreement and Authorization**
The statements above made are true and correct. Applicant authorizes to conduct a credit check and applicant knows that this is a rental application and not a lease agreement.

Date: Signature:

**Geoffroy Realty, LLC Apartment Lease Application: Co-Signer Addendum**

Directions: Each co-signor should complete this form.

Required documentation (e.g. proof of income) should be returned with the completed application.

|  |  |
| --- | --- |
| **Applicant Name:** | **Co-Signer:** |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Last Name | Middle Initial | Birthdate |
| Social Security Number | Driver’s License # | Driver’s License State | Expiration Date |
| E-Mail | Phone Number (H) | Phone Number (W) | Phone Number (Cell) |
| Spouse’s First Name | Last Name | Middle Initial | Birthdate |
| Social Security Number | Driver’s License # | Driver’s License State | Expiration Date |
| E-Mail | Phone Number (H) | Phone Number (W) | Phone Number (Cell) |

**CO-SIGNER’S EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Employer | Position | Supervisor’s Name | Supervisor’s Phone Number |
| Supervisor’s E-Mail | Salary | Monthly Income | How Long Worked There |
| Previous Employer | Position | Supervisor’s Name | Supervisor’s Phone Number |
| Supervisor’s E-Mail | Salary | Monthly Income | How Long Worked There |

Proof of Salary Documentation: Please provide a copy of your two (2) most recent pay stubs. If you currently do not have a salary, please provide proof of availability to pay rent such a documentation of alternative sources of income, bank statements indicating deposit amount(s), and/or available lines of credit.

Self Employed Applicants: Please provide the previous years tax return or proof of ability to pay rent such as documentation of alternative sources of income, bank statements indicating deposit amount(s), and/or available lines of credit.

**Agreement and Authorization**
The statement above made are true and correct. Co-Signer authorized to conduct a credit check and co-signer knows that this is a rental application and not a lease agreement.

Date: Signature:

**Geoffroy Realty, LLC**

**278 Scranton Ave.**

**Falmouth, MA 02540**

**PH: 508-548-4600**

**Guaranty of Lease**

In consideration of the execution of a certain lease for the premises located at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Providence, RI by the lessor named therein, the undersigned jointly and severally guarantees the lessor and its successors the performance of all the covenants set for the in the lease, including but not limited to the punctual payments of all rents and other payments payable under the lease or any extension or renewal thereof, and further including the amounts due and owing for damage to the premises during the period of the lessee’s occupancy of the leased premises.

The undersigned hereby waives demand of notice of default or non-payments and all and every demand on notice, and surety ship defenses.

The undersigned agrees that this guaranty shall be construed according to the law of the state of Rhode Island and that by jurisdiction of the courts of the State in all actions at law and equity arising from this guaranty and the lease aforesaid.

Lessor reserves the right to obtain or cause to be prepared a consumer credit report relating to the guarantor.

**Occupant/Lessee(s) Information**

Occupant/Lessee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian/Guarantor’s Information (Please Print Clearly)**

Name of Guarantor Social Security Number

Home Address Home Phone

Current Employer Business Phone

Occupation/Length of Employment Annual Income

Parent/Guardian/Guarantor Signature

**Notary Information**:

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Then personally appeared before me the above named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and being first duly sworn acknowledged the foregoing to be their free act and deed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Signature My Commission Expires