Beneficent House
One Chestnut Street
Providence, RI 02903
Tel: 401-331-4755 · Fax: 401-454-8134
Email:info@beneficenthouse.com
www.beneficenthouse.com

To be completed by Management	
Reviewed & accepted by:	***Date & time Received***
Tier qualification	
STU	
One bed	
Two beds	

Rental Application

Thank you for your interest in our community! Please help us promptly process this application by clearly completing all the required information and providing proper verifications within 5 days of the application.

How did you hear about us?____________________________ Bedroom size desired: ☐Studio ☐One ☐Two Desired Move-in Date: ___________

This household is listed with____as Head of Household (First, Middle Initial, Last)
Present address: ____
Home Phone:_________________________Cell Phone:__________________________Work Phone: ________________________
Email Address: ____

APPLICANT:

Full Name		☐M ☐ F			☐Yes ☐ No	☐ P/T ☐ F/T ☐ Undergrad ☐ Grad
	First M.I. Last	Sex	Social Security #	Birth date	Student?	Student Status

CO-APPLICANTS:

		☐M☐ F			☐Yes ☐ No	☐ P/T ☐ F/T ☐ Undergrad ☐ Grad
Relationship	First M.I. Last	Sex	Social Security #	Birth date	Student?	Student Status
		☐M☐ F			☐Yes ☐ No	☐ P/T ☐ F/T ☐ Undergrad ☐ Grad
Relationship	First M.I. Last	Sex	Social Security #	Birth date	Student?	Student Status
		☐M☐ F			☐Yes ☐ No	☐ P/T ☐ F/T ☐ Undergrad ☐ Grad
Relationship	First M.I. Last	Sex	Social Security #	Birth date	Student?	Student Status

Do you anticipate any changes in the household composition in the next twelve months? ☐Yes ☐ No
If yes, please explain: ____

RESIDENCE HISTORY

Provide at least 3 years of rental history for everyone 18 years of age or older. If the information doesn't fit below, please provide it separately.

APPLICANT'S RESIDENCE HISTORY

Name of ***Current*** Landlord or Mortgage Holder:____
Current Landlord Phone:____Landlord Fax:_____________________
Length of time at current address: From_______________to_______________Monthly Rent: _______________

Name of ***Previous*** Landlord or Mortgage Holder:____
Previous Landlord Phone:____Fax:_____________________
Length of time at previous address: From_______________to_______________Monthly Rent: _______________

CO-APPLICANT'S RESIDENCE HISTORY

Name of ***Current*** Landlord or Mortgage Holder:____
Current Landlord Phone:____Landlord Fax:_____________________
Length of time at current address: From_______________to_______________Monthly Rent: _______________

Name of ***Previous*** Landlord or Mortgage Holder:____
Previous Landlord Phone:____Fax:_____________________
Length of time at previous address: From_______________to_______________Monthly Rent: _______________

EMPLOYMENT AND INCOME INFORMATION

APPLICANT'S EMPLOYMENT

Current Employer:_____ Phone:_____
Address:_____ Fax:_____
Current Position:_____
Length of employment:_____ **Gross** monthly wage $ _____

CO-APPLICANT'S EMPLOYMENT

Current Employer:_____ Phone:_____
Address:_____ Fax:_____
Current Position:_____
Length of employment:_____ **Gross** monthly wage $ _____

OTHER SOURCES OF INCOME ***for all household members:***
Please list household recipient and GROSS monthly amount being received.

Household Member Name_____ **Income Source**_____ **Gross monthly wage $**_____

Household Member Name_____ **Income Source**_____ **Gross monthly wage $**_____

Do you anticipate any changes in the household income in the next 12 months? ☐Yes ☐ No
If yes, please explain: _____

Do you file tax returns? ☐Yes ☐ No

ASSETS

Checking Accounts

Household Member	Financial Institution	Last #4 of account	Balance

Savings Accounts

Household Member	Financial Institution	Last #4 of account	Balance

Stocks, Bonds, Mutual Funds, Trust Funds, Whole Life Insurance, 401K, Retirement Fund

Type of Account	Value	Annual Income

Real Estate Income/Mobile Homes: Do you own or have any financial interest in any Real Estate ☐Yes ☐ No
Description/Address:_____
Estimated Value:_____ Balance Due on Mortgage: _____

Does any member of the household have an asset(s) owned jointly with a person who is not a member of the household listed on page 1? ☐Yes ☐ No *If Yes*, please explain: _____

VEHICLE INFORMATION

APPLICANT'S VEHICLE

Make/Model_____ Year_____ Color_____ Plate_____

CO-APPLICANT'S VEHICLE

Make/Model_____ Year_____ Color_____ Plate_____

MISCELLANEOUS INFORMATION:

Are you or any member of your household currently using an illegal substance? ☐Yes ☐ No
Have you or any household member been convicted of a misdemeanor within the past 5 years? ☐Yes ☐ No
If yes, describe: _____
Have you or any member of your household ever been convicted of a felony? ☐Yes ☐ No
If yes, describe: _____
Are you or any member of your household subject to a state lifetime sex offender registration program in any state? ☐Yes ☐ No
If yes, describe: _____
Have you or any member of your household ever been under eviction from any housing? ☐Yes ☐ No
If yes, describe: _____
Please provide a complete list of all states in which any household member has resided:

_____

Is the head or spouse of this household handicapped or disabled? ☐Yes ☐ No
Do you need any specific features or unit designs such as a wheelchair accessibility, visual aids (Braille) or Apparatus for hearing assistance? ☐Yes ☐ No
If yes, describe: _____

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. 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 sign application.

SIGNATURES: EVERY ADULT (18 years and older) MUST SIGN

_____ _____
Signature of Head of Household Date

_____ _____
Signature of Co-Head Date

_____ _____
Signature of Other Adult Family Member Date

_____ _____
Signature of Other Adult Family Member Date

TENANT/APPLICANT RELEASE AND CONSENT

I/We_____, the undersigned hereby authorize

all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or

assets to BENEFICENT HOUSE , for purposes of verifying information on my/our apartment rental application and at recertification.

TYPES OF INFORMATION*

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as an applicant or tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED.

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and present employers
Welfare agencies
Veterans Administration
Previous landlords (including Public Housing Agencies)
State unemployment agencies
Retirement systems
Support and alimony providers
Medical and child care providers
Banks and other financial institutions
Social Security Administration
Obtaining a consumer Credit report
Legal background check

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for fifteen months from the date signed**. I/We understand that I/We have a right to review this file and correct any information that is incorrect**. Everyone 18 years of age and older must sign this form.**

Applicant/Tenant	(Print name)	Date
Co-applicant/Tenant	(Print name)	Date
Adult Member	(Print name)	Date
Adult Member	(Print name)	Date

***NOTE:** This general consent may not be used to request a copy of a Tax Return. If a copy of a Tax Return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.