

Rental Application



Phone: 781-982-1144 x4
Fax: 781-982-1191

Mailing Address
POB 850330
Braintree, MA 02185-0330
www.fpgiglio.com

1. Applicant Information

Full Name _____ Email _____
Contact Numbers: H _____ W _____ Cell _____
Date Of Birth _____ S.S. # _____
of Occupants: Adults _____ Children & Ages _____ Pets _____
Reference/Friend Name _____ Phone # _____
Complex _____ Unit desired _____
Rent/Mo _____ Security Deposit Req. _____ Move in Date _____

**Please provide a copy of a valid ID*

2. Employment Information

Employment Status: Full Time Part Time Self Employed Unemployed Housing
Employer _____ Phone # _____
Date Started _____ Position Held _____
Gross Salary/Week _____ Supervisor _____

If employed for less than one year, please provide name and number of previous employer. Please list any additional income source you have that you would like us to take into consideration: _____

**Please provide a copy of your most recent paystub or proof of income.*

3. Residence History

Residence status Rent Own Parents Transfer Other
Current address _____
Year moved-in _____ Monthly Rent _____ Reason for leaving _____
Landlord name _____ Phone # _____

if you resided at your current address for less than one year, please provide your previous address:

Previous address _____
Year moved-in _____ Moved-out _____ Reason for leaving _____
Landlord name _____ Phone # _____

Please read carefully. In considering this application from you, management will rely on the information that is provided. It is important that all information furnished is accurate and complete. By signing this application you represent that all information is correct and accurate, and authorize management to verify any references that you have provided, including, but not limited to, obtaining a copy of your credit report from a qualified agency.

Signed _____ Date _____