



F.P. Giglio Properties

Apartments & Office Space
Many Locations

CONTACT NUMBERS

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MAIL ADDRESS

POB 850330
Braintree, Ma 02185-0330

Est. 1979

RENTAL APPLICATION

www.fpgiglio.com

APPLICANT & GENERAL INFORMATION

co-applicant must complete a separate application

FULL NAME _____ EMAIL _____

CONTACT NUMBERS (H) _____ (W) _____ (C) _____

DATE OF BIRTH _____ S.S. NUMBER _____

NO. OF OCCUPANTS ADULTS _____ CHILDREN & AGES _____ PETS _____

REFERENCE/FRIEND NAME _____ PHONE NO. _____

COMPLEX _____ UNIT DESIRED _____

RENT/MO _____ SECURITY DEP. REQ. _____ MOVE-IN DATE _____

*Please provide a copy of a valid ID

EMPLOYMENT INFORMATION

EMPLOYMENT STATUS FULL TIME PART TIME SELF-EMPLOYED UNEMPLOYMENT HOUSING

EMPLOYER _____ PHONE NO _____

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 pay stub.

PLEASE PROVIDE YOUR RESIDENCE HISTORY

RESIDENCE STATUS RENT OWN PARENTS TRANSFER OTHER

CURRENT ADDRESS _____

YEAR MOVED-IN _____ MONTHLY RENT _____ REASON FOR LEAVING _____

LANDLORD NAME _____ PHONE NO _____

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 NO _____

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: _____