



## Trafalgar East Apartments

Located in East Greenwich we feature, attractive Garden Style apartments, nestled into 14 acres of woodlands.

Trafalgar East offers the perfect blend of comfort and convenience.

Our spacious studios, efficiency units, one and two bedroom apartment homes offer many comforts:

Open floor plans with balconies or patios, an added touch of luxury at Trafalgar East Apartments is our picturesque and flourishing landscaping(14 Acres), a grand- sized swimming pool, pet park and picnic – BBQ area.

Along with these free amenities Heat, Hot Water, Trash and Snow removal are included in the rent. We offer a 12 Month Lease, ample parking is included open, unassigned and conveniently located.

While living at Trafalgar East Apartments, you are within close proximity to Goddard State Memorial Park, several shopping centers, excellent schools, beaches, world class dining and nightlife, in addition to many other historically pertinent features that East Greenwich has to offer!

East Greenwich offers many restaurants, bars, and clubs which sit on the waterfront. East Greenwich Cove also has ample boat parking. There is also a public dock good for fishing and eating, and a dock with a small beach. Across from the COVE is Goddard Memorial State Park, which has many beaches including Sandy Point and has easy access from East Greenwich Cove.

Nestled virtually in the middle of the state, East Greenwich's charming Main Street is an ideal stretch for strolling, shopping and snacking on a sunny summer afternoon. And while there's a wealth of places to see and things to do in this friendly little community, these are some of our can't-miss stops.

The Leasing Office is open Monday – Friday 8am to 4:30pm.

### **Area Schools include:**

Cedar Hill Elementary School

Winman Junior High

Tollgate High



## Commonly Asked Questions

### How do I apply?

1. \*Complete the application:
  - \*Sign the Consumer Release
  - \*Verification of Rental History (Signature only, where it says 'Applicant Signature', we will send this document out).
  - \*Employment Verification (Signature only, where it says 'Applicant Signature', we will send this document out).
  - \*Sign the BCI we will notarize in the office.
2. Provide Proof of income (8 weeks of most recent paystubs if paid weekly) if paid Bi Weekly 4 pay stubs.
3. Provide us with the name, phone number and address of your landlords for the past 3 years.
4. We will need a Photo ID (front & back), Birth Certificate and Social Security Card of each person in the Household.  
*Children - Social Security Card & Birth Certificate*
5. **DEPOSIT:**  
We must receive a \$300.00 Holding Deposit in the form of a Money order or Bank Check in order that we may reserve the apartment for you while we process your information and qualify you.  
*Deposit is non-refundable after 48 hours of acceptance of the apartment.*
6. **12 MONTH LEASE:**  
Security Deposit - 1 month rent.

### How many pets may I have?

Request a Pet Application, proper documentation will be required.

We allow one approved pet per household and we charge a pet rent of \$25.00 per month.

Some restrictions may apply (50 pound weight limit, 1 pet per unit, breed restrictions for dogs).

### Vehicles:

*Please note that Commercial Vehicles cannot be parked on the property here at Trafalgar East.*

### Amenities?

We offer heat and hot water, ample parking, our pool, picnic/grilling areas and Dog Park, are free to use when you live here.

Trash and Snow Removal are included at no additional charge along with a Complimentary Storage Space we will provide you!

*~ You are responsible for your electric and cable~*

*Beautiful Goddard State Memorial Park is our backyard - Beach, Horseback Riding to name a few!*

# **T**RAFALGAR EAST APARTMENTS

**When can I submit my application and Holding Fee?**

We can only receive these items when there is an apartment available for rent, so please check back with us often by calling the office at 401-884-3555 or Email [trafalgareast@pag-cdg.com](mailto:trafalgareast@pag-cdg.com).

**Mail Box Keys:**

After you lease signing you will need to go to the North Kingston Post Office to complete a form to get a new lock and a set of mailbox keys.

**Thank you for considering Trafalgar East Apartments for your future home!**



Professionally Managed by Property Advisory Group Inc.  
 Phone: 401-884-3555\* Fax: 401-541-9166

|                            |  |             |  |        |  |      |  |
|----------------------------|--|-------------|--|--------|--|------|--|
| <b>APPLICANT</b>           |  |             |  |        |  |      |  |
| LAST:                      |  | MIDDLE:     |  | FIRST: |  | DOB: |  |
| SSN:                       |  | PHONE/CELL: |  | EMAIL: |  |      |  |
| How did you hear about us? |  |             |  |        |  |      |  |

|   |       |                          |  |                |  |       |  |
|---|-------|--------------------------|--|----------------|--|-------|--|
| <b>THREE YEAR RESIDENCY</b>               |       |                          |  |                |  |       |  |
| <b>CURRENT/MORTGAGEE'S ADDRESS:</b>       |       |                          |  |                |  | APT#: |  |
| CITY:                                     |       | STATE:                   |  | ZIP CODE:      |  |       |  |
| OWN:                                      | RENT: | MONTHLY PAYMENT OR RENT: |  | DATES FROM-TO: |  |       |  |
| REASON FOR MOVING:                        |       | LANDLORDS NAME:          |  | PH:            |  |       |  |
| <b>PAST LANDLORD/MORTGAGEE'S ADDRESS:</b> |       |                          |  |                |  |       |  |
| <b>CURRENT/MORTGAGEE'S ADDRESS:</b>       |       |                          |  |                |  | APT#: |  |
| CITY:                                     |       | STATE:                   |  | ZIP CODE:      |  |       |  |
| OWN:                                      | RENT: | MONTHLY PAYMENT OR RENT: |  | DATES FROM-TO: |  |       |  |
| REASON FOR MOVING:                        |       | LANDLORDS NAME:          |  | PH:            |  |       |  |
| <b>PAST LANDLORD/MORTGAGEE'S ADDRESS:</b> |       |                          |  |                |  |       |  |
| <b>CURRENT/MORTGAGEE'S ADDRESS:</b>       |       |                          |  |                |  | APT#: |  |
| CITY:                                     |       | STATE:                   |  | ZIP CODE:      |  |       |  |
| OWN:                                      | RENT: | MONTHLY PAYMENT OR RENT: |  | DATES FROM-TO: |  |       |  |
| REASON FOR MOVING:                        |       | LANDLORDS NAME:          |  | PH:            |  |       |  |

|   |  |                  |  |                                       |    |  |  |
|---|--|------------------|--|---------------------------------------|----|--|--|
| <b>INCOME &amp; ASSETS</b>                  |  |                  |  |                                       |    |  |  |
| <b>CURRENT EMPLOYER:</b>                    |  |                  |  |                                       |    |  |  |
| EMPLOYER ADDRESS:                           |  |                  |  |                                       |    |  |  |
| CITY:                                       |  | STATE:           |  | ZIP CODE:                             |    |  |  |
| POSITION:                                   |  | DATES FROM - TO- |  | ANNUAL GROSS INCOME:                  | \$ |  |  |
| VERIFICATION CONTACT NAME:                  |  |                  |  | CONTACTS PHONE:                       |    |  |  |
| <b>CURRENT EMPLOYER (2) - if applicable</b> |  |                  |  |                                       |    |  |  |
| EMPLOYER ADDRESS:                           |  |                  |  |                                       |    |  |  |
| CITY:                                       |  | STATE:           |  | ZIP CODE:                             |    |  |  |
| POSITION:                                   |  | DATES FROM - TO- |  | ANNUAL GROSS INCOME:                  | \$ |  |  |
| VERIFICATION CONTACT NAME:                  |  |                  |  | CONTACTS PHONE:                       |    |  |  |
| <b>Amount of Other Income/Assets:</b>       |  |                  |  | <b>Source of Other Income/Assets:</b> |    |  |  |

|  |  |        |     |  |    |  |  |
|--|--|--------|-----|--|----|--|--|
| <b>HOUSEHOLD COMPOSITION</b>                     |  |        |     |  |    |  |  |
| Other Occupant's Name: CO-applicant / Dependent: |  | Age 18 | Yes |  | No |  |  |
| Other Occupant's Name: CO-applicant / Dependent: |  | Age 18 | Yes |  | No |  |  |
| Other Occupant's Name: CO-applicant / Dependent: |  | Age 18 | Yes |  | No |  |  |
| Other Occupant's Name: CO-applicant / Dependent: |  | Age 18 | Yes |  | No |  |  |
| CO-signer / Guarantor:                           |  | Age 18 | Yes |  | No |  |  |

|                        |     |             |   |            |  |            |  |  |  |
|------------------------|-----|-------------|---|------------|--|------------|--|--|--|
| <b>PET INFORMATION</b> |     |             |   |            |  |            |  |  |  |
| Do You Own a Pet?      | Yes | No          | If "Yes," Please Request a Pet Application. |            |  |            |  |  |  |
| Pet Name:              |     | Pet Weight: |   | Pet Breed: |  | Pet Color: |  |  |  |

|   |  |             |  |                      |  |  |  |  |  |
|---|--|-------------|--|----------------------|--|--|--|--|--|
| <b>VEHICLE INFORMATION – Copies of All Vehicle Registration &amp; Insurance will be needed:</b> |  |             |  |                      |  |  |  |  |  |
| Year/Color:   |  | Make/Model: |  | Driver's License #:  |  |  |  |  |  |
| Registered To:  |  |             |  | License Plate/State: |  |  |  |  |  |
| Year/Color:   |  | Make/Model: |  | Driver's License #:  |  |  |  |  |  |
| Registered To:  |  |             |  | License Plate/State: |  |  |  |  |  |
| Year/Color:   |  | Make/Model: |  | Driver's License #:  |  |  |  |  |  |
| Registered To:  |  |             |  | License Plate/State: |  |  |  |  |  |

|  |  |  |  |  |  |  |  |     |    |
|--|--|--|--|--|--|--|--|-----|----|
| <b>SMOKE-FREE ACKNOWLEDGMENT</b>   |  |  |  |  |  |  |  |     |    |
| 1. Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy that prohibits smoking anywhere except for the designated smoking areas? This includes no smoking in Common Areas or individual units. |  |  |  |  |  |  |  | Yes | No |
| 2. Do you agree that you, your guests, and service providers hired by you will abide by the Smoke Free Policy?   |  |  |  |  |  |  |  | Yes | No |
| 3. Do you understand that failure to comply with Smoke Free policies will result in termination of your tenancy (eviction)?  |  |  |  |  |  |  |  | Yes | No |

|  |  |                               |  |  |  |  |  |              |  |
|--|--|-------------------------------|--|--|--|--|--|--------------|--|
| <b>APPLICANT ACKNOWLEDGEMENT</b>   |  |                               |  |  |  |  |  |              |  |
| <p>Applicant represents that the statements made are true and correct and hereby authorizes verification of employment, financial and landlord. Applicant acknowledges that the application fee is non-refundable. If the application is accepted, I (we) agree to enter into a written lease for the above described apartment, in which case earnest money (exclusive of any application fee) will be applied to our account. If (we) refuse to enter into a written lease upon being offered the above described apartment, Property Advisory Group, Inc. (PAG) shall retain the earnest money as liquidation damages. Deposit is non-refundable after 48 hours.</p> <p>I hereby authorize Owner's/Agent to obtain consumer reports, and any other information it deems necessary for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, civil and criminal information, records of arrest, rental history, employment details and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under the authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental of a residence for which application was made. I hereby expressly release Owner/Agent and any procurer or furnisher of information, from any liability what-so-ever in the use, or furnishing of such information, and understand information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.</p> |  |                               |  |  |  |  |  |              |  |
| And a holding fee of \$:   |  | Money Order/Cashier's Check # |  | Which is considered the date of the application: |  |  |  |              |  |
| <b>APPLICANT'S PRINTED NAME:</b>   |  |                               |  |  |  |  |  |              |  |
| <b>APPLICANT'S SIGNATURE:</b>  |  |                               |  |  |  |  |  | <b>DATE:</b> |  |
| <b>OWNER/AGENT'S SIGNATURE:</b>  |  |                               |  |  |  |  |  | <b>DATE:</b> |  |

|                              |                  |  |                      |             |  |                                      |                   |  |  |
|------------------------------|------------------|--|----------------------|-------------|--|--------------------------------------|-------------------|--|--|
| <b>FOR OFFICE USE ONLY:</b>  |                  |  |                      |             |  |                                      |                   |  |  |
| <b>PROPERTY INFORMATION:</b> | PROPERTY:        |  | <b>MONTHLY RENT:</b> | APT RENT:   |  | <b>BALANCE DUE PRIOR TO MOVE IN:</b> | PRO RATE:         |  |  |
|                              | APT#:            |  |                      | PET FEES:   |  |                                      | 1ST MONTHS RENT:  |  |  |
|                              | APT SIZE:.       |  |                      | OTHER FEES: |  |                                      | SECURITY DEPOSIT: |  |  |
|                              | # OF OCCUPANTS:  |  |                      |             |  |                                      | PET FEE           |  |  |
|                              | TYPE OF PROGRAM: |  |                      | AGENT:      |  |                                      | TOTAL DUE:        |  |  |

Property Advisory Group does not discriminate in its housing practices; applications are available to eligible persons without regard to Race, Color, Religion, National Origin, Sex, Disability, Familial Status, Sexual Orientation, Gender Identity or Expression, Marital Status, Ancestry, Age (over 18) and Victim of Domestic Violence

5300 Post Road  
 East Greenwich, RI 02818  
 Phone 401-884-3555 - Fax 401-541-9166 - Email - [trafalgareast@pag-cdg.com](mailto:trafalgareast@pag-cdg.com)

### Verification of Rental History

|  |  |                              |                 |                         |
|--|--|------------------------------|-----------------|-------------------------|
| <b>TO:</b>   |  | <b>RE:</b>                   |                 |                         |
| <b>Applicant: DO NOT FILL OUT THIS SECTION - OFFICE USE ONLY</b>   |  |                              |                 |                         |
| The above identified person has applied for residency at Trafalgar East Apartments and has indicated to us that you have, or recently had, this person/family as a resident in your property. We would greatly appreciate your cooperation by answering the following questions regarding the resident's rental history. |  |                              |                 |                         |
| As indicated by this persons signature noted below, the resident consents to the release of information pertaining to their rental history at: _____   |  |                              |                 |                         |
| Applicant Signature:   |  | Date:                        |                 |                         |
| Co Applicant Signature:  |  | Date:                        |                 |                         |
| 1. Dates resident resided at this address  |  | From:                        |                 | To:                     |
| 2. Is this resident under a subsidy at your property   |  | YES                          | NO              |                         |
| 3. How many bedrooms in the unit   |  |                              |                 |                         |
| 4. How many occupants reside at this address?  |  |                              |                 |                         |
| 5. Do you require a 30 day notice before vacating?   |  | YES                          | NO              |                         |
| 6. How much is the monthly rent?   |  | What utilities are included? |                 |                         |
| 7. Has the resident ever been behind in monthly rent?  |  | YES                          | NO              | If YES, how many times? |
| 8. Has the resident been charged for any damages to the unit?  |  | YES                          | NO              |                         |
| 9. Has any action ever been taken against the resident for disturbing other residents, or neighbors?   |  | YES _____ NO _____           |                 | If YES, How many times: |
| 10. If this resident moved and reapplied for housing in the future, would you rent to him/her again? YES ___ NO ___<br>If NO, Why Not? _____   |  |                              |                 |                         |
| 11. Has this Tenant repeatedly violate their lease?  |  | YES                          | NO              |                         |
| 12. Did the Tenant repeatedly disturb neighbors?   |  | YES                          | NO              |                         |
| 13. Did this Tenant ever use inappropriate confrontational manner in dealing with management staff or other residents, or otherwise create problems for staff or residents   |  |                              |                 |                         |
| 14. Did the applicant permit adults or children other on the lease to live in the unit?  |  |                              |                 |                         |
| 15. Were there any fires in the unit or on the property for which the applicant, guest, or family member was found responsible? YES _____ NO _____   |  |                              |                 |                         |
| 16. Did the applicant have housekeeping habits that created health and safety hazards, such that would attract bugs, block exits creating fire hazards etc?  |  |                              |                 |                         |
| Applicant Signature  |  | Date:                        |                 |                         |
| Landlord Signature   |  | Date:                        | Landlord Phone: |                         |



5300 Post Road

East Greenwich, RI 02818

Phone 401-884-3555 - Fax 401-541-9166 - Email - [trafalgareast@pag-cdg.com](mailto:trafalgareast@pag-cdg.com)

### Verification of Rental History

|  |  |                              |                 |                         |
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| <b>TO:</b>   |  | <b>RE:</b>                   |                 |                         |
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| As indicated by this persons signature noted below, the resident consents to the release of information pertaining to their rental history at: _____   |  |                              |                 |                         |
| Applicant Signature:   |  | Date:                        |                 |                         |
| Co Applicant Signature:  |  | Date:                        |                 |                         |
| 17. Dates resident resided at this address   |  | From:                        |                 | To:                     |
| 18. Is this resident under a subsidy at your property  |  | YES                          | NO              |                         |
| 19. How many bedrooms in the unit  |  |                              |                 |                         |
| 20. How many occupants reside at this address?   |  |                              |                 |                         |
| 21. Do you require a 30 day notice before vacating?  |  | YES                          | NO              |                         |
| 22. How much is the monthly rent?  |  | What utilities are included? |                 |                         |
| 23. Has the resident ever been behind in monthly rent?   |  | YES                          | NO              | If YES, how many times? |
| 24. Has the resident been charged for any damages to the unit?   |  | YES                          | NO              |                         |
| 25. Has any action ever been taken against the resident for disturbing other residents, or neighbors?  |  | YES                          | NO              | If YES, How many times: |
| 26. If this resident moved and reapplied for housing in the future, would you rent to him/her again? YES__ NO__<br>If NO, Why Not? _____   |  |                              |                 |                         |
| 27. Has this Tenant repeatedly violate their lease?  |  | YES                          | NO              |                         |
| 28. Did the Tenant repeatedly disturb neighbors?   |  | YES                          | NO              |                         |
| 29. Dis this Tenant ever use inappropriate confrontational manner in dealing with management staff or other residents, or otherwise create problems for staff or residents   |  |                              |                 |                         |
| 30. Did the applicant permit adults or children other on the lease to live in the unit?  |  |                              |                 |                         |
| 31. Were there any fires in the unit or on the property for which the applicant, guest, or family member was found responsible? YES _____ NO _____   |  |                              |                 |                         |
| 32. Did the applicant have housekeeping habits that created health and safety hazards, such that would attract bugs, block exits creating fire hazards etc?  |  |                              |                 |                         |
| Applicant Signature  |  | Date:                        |                 |                         |
| Landlord Signature   |  | Date:                        | Landlord Phone: |                         |

Trafalgar East Apartments  
5300 Post Road  
East Greenwich, RI 02818

RE:  
Apt. No.:  
Soc. Sec.#:

TO:

### EMPLOYMENT VERIFICATION

Your prompt return of this information is necessary to assure timely processing of the application or continuation of assistance. Please provide the following information and return to us in the provided self-addressed, stamped envelope. Consent to release this information can be found below or attached to this form. Thank you.

#### SECTION 1: GENERAL INFORMATION:

Occupation/Title \_\_\_\_\_ Last Raise Date \_\_\_ / \_\_\_ / \_\_\_  
Employed Since \_\_\_ / \_\_\_ / \_\_\_ Last Raise amount \$ \_\_\_ PER

#### SECTION 2: PREVIOUS INCOME:

Past 12 months earnings \$ \_\_\_\_\_  
Of the amount above, the following was paid for \$ \_\_\_\_\_ (BASE)  
\$ \_\_\_\_\_ (OVERTIME)  
Please specify if TIPS/COMMISSION/BONUSES/SHIFT DIFF. \$ \_\_\_\_\_ (OTHER)  
Has employment been continuous for the past 12 months? YES \_\_\_ NO \_\_\_

#### SECTION 3: CURRENT INCOME:

Complete if paid hourly Average number of hours  
Amt. paid per hour \$ \_\_\_\_\_ (base) worked per week at base rate \_\_\_\_\_  
Average number of hours \_\_\_\_\_  
Amt. paid per hour \$ \_\_\_\_\_ (overtime) worked per week at overtime rate \_\_\_\_\_

Please list any other income, ie. Tips, Commission, Bonuses, Shift Differential \$ \_\_\_\_\_  
per \_\_\_\_\_ (week, month, bi-weekly, annually)

**IF EMPLOYEE IS NOT PAID HOURLY, PLEASE PROVIDE STATEMENT OF EARNINGS AND EXPLAIN HERE:** \_\_\_\_\_

If the next raise date and amount are known, please supply DATE: \_\_\_ / \_\_\_ / \_\_\_  
AND AMOUNTS \$ \_\_\_\_\_ PER \_\_\_\_\_

Please provide any other payments to be made to employee in the next 12 months:

If the employee has regular amounts put aside for 401(k) or other pension accounts, please specify here \_\_\_\_\_

#### SECTION 4: CURRENT MEDICAL (IF ANY)

Regular deductions for medical and dental \$ \_\_\_\_\_ PER \_\_\_\_\_

Printed Name and Title of Person Supplying Information \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

X \_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_ Date



Trafalgar East Apartments  
5300 Post Road  
East Greenwich, RI 02818

RE:  
Apt. No.:  
Soc. Sec.#:

TO:

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Occupation/Title \_\_\_\_\_ Last Raise Date \_\_\_ / \_\_\_ / \_\_\_  
Employed Since \_\_\_ / \_\_\_ / \_\_\_ Last Raise amount \$ \_\_\_ PER

**SECTION 2: PREVIOUS INCOME:**

Past 12 months earnings \$ \_\_\_\_\_  
Of the amount above, the following was paid for \$ \_\_\_\_\_ (BASE)  
\$ \_\_\_\_\_ (OVERTIME)  
Please specify if TIPS/COMMISSION/BONUSES/SHIFT DIFF. \$ \_\_\_\_\_ (OTHER)  
Has employment been continuous for the past 12 months? YES. \_\_\_ NO \_\_\_

**SECTION 3: CURRENT INCOME:**

**Complete if paid hourly** Average number of hours  
Amt. paid per hour \$ \_\_\_\_\_ (base) worked per week at base rate \_\_\_\_\_  
Average number of hours  
Amt. paid per hour \$ \_\_\_\_\_ (overtime) worked per week at overtime rate \_\_\_\_\_  
Please list any other income, ie. Tips, Commission, Bonuses, Shift Differential \$ \_\_\_\_\_  
per \_\_\_\_\_ (week, month, bi-weekly, annually)

**IF EMPLOYEE IS NOT PAID HOURLY, PLEASE PROVIDE STATEMENT OF EARNINGS AND EXPLAIN HERE:** \_\_\_\_\_

**If the next raise date and amount are known, please supply DATE:** \_\_\_ / \_\_\_ / \_\_\_  
**AND AMOUNTS** \_\_\_\_\_ PER \_\_\_\_\_

Please provide any other payments to be made to employee in the next 12 months:

If the employee has regular amounts put aside for 401(k) or other pension accounts, please specify here \_\_\_\_\_

**SECTION 4: CURRENT MEDICAL (IF ANY)**

Regular deductions for medical and dental \$ \_\_\_\_\_ PER \_\_\_\_\_

\_\_\_\_\_  
**Printed Name and Title of Person Supplying Information** **Phone Number**

\_\_\_\_\_  
**Signature** **Date**

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

X \_\_\_\_\_  
**Signature of Applicant/Tenant** **Date**



STATE OF RHODE ISLAND  
OFFICE OF THE ATTORNEY GENERAL

4 Howard Avenue • Cranston, RI 02920  
(401) 274-4400 • www.riag.ri.gov

Peter F. Neronha  
Attorney General

Full Name of Applicant: \_\_\_\_\_

Maiden Name / other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Purpose: Housing

(Example: employment, housing, expungement, internship, apostille, name change, weapons permit or purchase, etc..)

**AUTHORIZATION TO RELEASE INFORMATION**

I \_\_\_\_\_ (print full name) hereby direct and authorize the Bureau of Criminal Identification and Investigation of the Rhode Island Department of the Attorney General to make available to Property Advisory Group (name of entity) any State of Rhode Island criminal record, including a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Bureau of Criminal Identification and Investigation in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description whatsoever, arising from any release of criminal records and requests therefrom, against the State of Rhode Island, Bureau of Criminal Identification and Investigation, the Attorney General, and employees of the Department of Attorney General in both law and equity which I may have now or in the future.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me in the City of \_\_\_\_\_ State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

**Note: A copy of photo identification with date of birth must accompany this Release. If the Record request is to be MAILED, please provide an addressed, stamped envelope.**



**CONSUMERS AUTHORIZATION TO OBTAIN CONSUMER REPORT**

**Property Advisory Group - Trafalgar East Apartments**

I, \_\_\_\_\_ hereby authorize Property Advisory Management to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluation my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records, licensing records and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made.

I hereby expressly release Property Advisory Management and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement or furnishing of such information and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.

\_\_\_\_\_  
APPLICANT PRINT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



**Race and Ethnic Data  
Reporting Form**

U.S. Department of Housing  
and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
Exp. 06/30/2017)

Trafalgar East Apartments

5300 Post Road East Greenwich, RI 02818

Name of Property

Project No.

Address of Property

Property Advisory Group

LIHTC- Market

Name of Owner/Managing Agent

Type of Assistance or Program Title:

|   |  |   |                          |
|---|--|---|--------------------------|
| X |  | X |                          |
|   | Name of Head of Household<br>Date (mm/dd/yyyy) |   | Name of Household Member |

| Ethnic Categories*                        | Select One            |
|---|-----------------------|
| Hispanic or Latino                        |                       |
| Not-Hispanic or Latino                    |                       |
| Categories* Racial                        | Select All that Apply |
| American Indian or Alaska Native          |                       |
| Asian                                     |                       |
| Black or African American                 |                       |
| Native Hawaiian or Other Pacific Islander |                       |
| White                                     |                       |
| Other                                     |                       |

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

|                   |   |             |
|-------------------|---|-------------|
| <b>Signature:</b> | X |             |
| <b>Signature</b>  |   | <b>Date</b> |

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



Trafalgar East Apartments  
5300 Post Road  
East Greenwich, RI 02818  
Telephone (401)884-3555  
Fax (401) 541-9166

I/We, \_\_\_\_\_, acknowledge that in order to receive keys to the apartment, I must bring in the following items before the day of my move in:

- \$300.00 holding deposit
- Car(s) information, including registration and insurance card
- Pet information, including updated vet paperwork (rabies/distemper shot/weight)
- RI Energy confirmation account number

\_\_\_\_\_  
Resident Signature (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature (Other Adult Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Agent

\_\_\_\_\_  
Date



## *Application Checklist*

***Is the Application complete and all items are accounted for?***

\_\_\_\_\_ Application signed with all information accounted for.

\_\_\_\_\_ Landlord References with applicant signature for permission to receive information.  
One for each landlord provided - Make copies if necessary.

\_\_\_\_\_ Photo ID for each applicant over 18 years of age.

\_\_\_\_\_ Social Security Card for each applicant.

\_\_\_\_\_ Birth Certificate for each applicant?

\_\_\_\_\_ Auto Registration and Proof of Insurance for Parking Sticker.

\_\_\_\_\_ Proof of Income

- \_\_\_\_\_ Job (Pay Stubs Last 8) if paid weekly, (Pay stubs Last 4) if paid bi-weekly
- \_\_\_\_\_ Job (Hire Letter)
- \_\_\_\_\_ Job (Taxes)
- \_\_\_\_\_ Self-Employment (Taxes & Affidavit)
- \_\_\_\_\_ Other Qualifying Income listed here \_\_\_\_\_

\_\_\_\_\_ Holding Fee of \$300.00

\_\_\_\_\_ Pet Application if needed.

\_\_\_\_\_ BCI required (we can notarize in the office).