

**Norfolk Park Rental Application**

131 Washington Street, Foxboro, MA 02035 | (508) 543-8870

\*\*\*Mail application form to Norfolk Park, PO Box 385, North Reading, MA 01864\*\*\*

**Lot Number of Interest:** \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Residential Information**

Are you a legal resident of Rhode Island? Yes  No

Current Residence: \_\_\_\_\_  
\_\_\_\_\_

How long have you resided at current residence?  
\_\_\_\_\_

Do you pay rent? Yes  No   
If so, how much? \_\_\_\_\_

Owner/Manager's Name & Telephone Number:  
\_\_\_\_\_

Previous Address: \_\_\_\_\_  
\_\_\_\_\_

How long did you reside at this previous address?  
\_\_\_\_\_

Did you pay rent? Yes  No   
If so, how much? \_\_\_\_\_

Owner/Manager's Name & Telephone Number:  
\_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Single Occupancy

Double Occupancy insert box

*\*Second occupant is also required to complete and submit a Norfolk Park Rental Application\**

**Employment**

Present Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

How long have you worked for this employer? \_\_\_\_\_

Current gross income per month (before deduction): \_\_\_\_\_

List any other sources of income other than present employment listed above:

\_\_\_\_\_

**Banking Information**

Savings Account:

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Checking Account:

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Credit Card Carrier: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Credit Reference 1: \_\_\_\_\_ Credit Reference 2: \_\_\_\_\_

Acct. No.: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Outstanding Balance: \_\_\_\_\_ Outstanding Balance: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Have you ever filed bankruptcy? Yes  No

Have you ever been evicted? Yes  No

**Vehicle(s)**

Make	Model	Year	Reg #
_____	_____	_____	_____

**Personal Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I declare that the information above is true and correct. I hereby authorize verification of references, credit check, and a criminal check.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Printed)

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