

# RENTAL APPLICATION

## APPLICANT

Applying For Apt./Unit No.: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_  
(First, Middle Initial, Last)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOME PHONE #: \_\_\_\_\_

1) PRESENT ADDRESS: \_\_\_\_\_  
STREET, CITY, STATE AND ZIP

HOW LONG AT PRESENT ADDRESS: \_\_\_\_\_ PRESENT LANDLORD: \_\_\_\_\_  
(NAME)

LANDLORD ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE AND ZIP)

PRESENT LANDLORD PHONE NUMBER: \_\_\_\_\_

2) PREVIOUS ADDRESS: \_\_\_\_\_  
STREET, CITY, STATE AND ZIP

HOW LONG AT PREVIOUS ADDRESS: \_\_\_\_\_ PREVIOUS LANDLORD: \_\_\_\_\_  
(NAME)

PREVIOUS LANDLORD ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE AND ZIP)

PREVIOUS LANDLORD PHONE NUMBER: \_\_\_\_\_

## MOTOR VEHICLE INFORMATION (include motorcycle & driver i.d.)

1) AUTO YR., MAKE, MODEL, CAR: \_\_\_\_\_

LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ STATE: \_\_\_\_

2) AUTO YR., MAKE, MODEL, CAR: \_\_\_\_\_

LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ STATE: \_\_\_\_

3) MOTORCYCLE YR., MAKE, MODEL, CAR: \_\_\_\_\_

LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_ DRIVER LICENSE: \_\_\_\_\_ STATE: \_\_\_\_



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## OCCUPANT INFORMATION

NAME OF FIRST ADULT: \_\_\_\_\_ NAME OF SECOND ADULT: \_\_\_\_\_

NAME OF THIRD ADULT: \_\_\_\_\_

NAME OF MINOR AND DOB: \_\_\_\_\_ NAME OF 2<sup>ND</sup> MINOR AND DOB: \_\_\_\_\_

NAME OF 3<sup>RD</sup> MINOR AND DOB: \_\_\_\_\_

## REFERENCES

PERSONAL REFERENCE: \_\_\_\_\_  
(name, address, telephone number and relationship)

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
(name, address, telephone number and relationship)

## ADDITIONAL INFORMATION

WATERBED? YES NO SMOKERS? YES NO PETS? YES NO \_\_\_\_\_  
(type)

REASON FOR MOVING: \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED FROM A RENT PREMISES? YES NO

IF YES, WHY?: \_\_\_\_\_

MILITARY SERVICE? YES NO COMMANDING OFFICER?: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HAVE YOU EVER WILLFULLY AND INTENTIONALLY REFUSED TO PAY RENT WHEN DUE?: YES NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?: YES NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
(what, where & when)

PURSUANT TO CHAPTER 351A OF THE REVISED STATUTES ANNOTATED OF THE STATE OF NEW HAMPSHIRE, THE MANAGEMENT SHALL NOT REFUSE TO RENT AN APARTMENT TO ANY PERSON BECAUSE OF AGE, SEX, RACE, COLOR, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP, RELIGION OR NATIONAL ORIGIN, NOR SHALL MANAGEMENT DISCRIMINATE IN THE TERMS OFFERED OR SERVICES RENDERED. THIS INFORMATION MAY BE USED FOR CREDIT INQUIRIES AND TO FULFILL UTILITY COMPANY REQUIREMENTS. THE UNDERSIGNED WARRANTS AND REPRESENTS THAT THE ABOVE STATEMENT IS TRUE. IF IT IS DETERMINED THAT FALSE INFORMATION HAS BEEN GIVEN, THIS APPLICATION WILL BE DENIED.

\_\_\_\_\_  
CHENEY PROPERTY MANAGEMENT REPRESENTATIVE

\_\_\_\_\_  
APPLICANT DATE

A FEE OF \$40 IS REQUIRED TO PROCESS THIS APPLICATION AND THE FEE IS NON-REFUNDABLE.

**REQUEST FOR VERIFICATION OF LANDLORD**

The applicant named below has submitted an application for one of our rental properties. Per their authorization, we are requesting verification of their current and/or previous rental history. Your reply will be completely confidential. **Please fax back to 603-659-7208.** Thank you in advance for your cooperation.

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I hereby authorize my landlord to furnish the information requested below:

\_\_\_\_\_  
Applicant Name

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord Name and Telephone Number

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

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

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

Monthly Rent: \_\_\_\_\_

\_\_\_\_\_

Date Moved In: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_

Would you rent to this applicant again? \_\_\_\_\_

Late payment, NSF's, violations, and/or comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Please Print: Landlord Name

\_\_\_\_\_  
Date

**REQUEST FOR VERIFICATION OF EMPLOYMENT**

The employee named below has submitted an application for one of our rental properties. Per their authorization, we are requesting verification of their current and anticipated income. Your reply will be completely confidential. **Please fax back to 603-659-7208.** Thank you in advance for your cooperation.

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I hereby authorize my employer to furnish the information requested below:

\_\_\_\_\_  
Employee Name

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Name and Telephone Number

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

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

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

Annual Salary: \_\_\_\_\_

Position: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Part Time: \_\_\_\_\_

Probability of continued employment and comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Please Print: Employer Name

\_\_\_\_\_  
Date