

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 2ND MINOR AND DOB: _____

NAME OF 3RD 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 OFFEREED 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 REPRESENATIVE

APPLICANT DATE

A FEE OF \$30 PER PERSON 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.

.....
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

.....
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.

.....
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

.....
Company Name: _____ Address: _____

Annual Salary: _____ Position: _____

Date Employed: _____ Part Time: _____

Probability of continued employment and comments: _____

Employer Signature Title

Please Print: Employer Name Date