



Ph: 603.413.6175 • Fax: 866.923.3739 • 31 Silver Street • Dover, NH 03820

Rent Amount (\$) _____ Rental Address _____

RENTAL APPLICATION

Full Name (Include M.I. and Jr., Sr., III, etc.) _____

Maiden Name (If Applicable) _____ Social Security # _____

Date of Birth _____ Telephone # _____ Drivers License # _____

Email Address _____

Current Address _____ City _____ State _____ Zip _____

Current Landlord _____ Phone/Email _____

Current Rent Paid (\$) _____ How Long Have you Lived at this Residence _____

Reason for Moving _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlord _____ Phone/Email _____

Previous Rent Paid (\$) _____ How Long Did you Live at this Residence _____

Reason for Moving _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlord _____ Phone/Email _____

Previous Rent Paid (\$) _____ How Long Did you Live at this Residence _____

Reason for Moving _____

Number of Proposed Occupants: Adults _____ Children _____

Note: Each Adult Must Complete Individual Rental Applications

<u>Names</u>	<u>Relationship</u>	<u>Years Known</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Rental Application, Page 2 of 2

Present Employer _____ Supervisors Name _____
Employer Address _____ City _____ State ____ Zip _____
Telephone # _____ Employed Since _____ Salary _____ wk/mo

Previous Employer _____ Supervisors Name _____
Address _____ City _____ State ____ Zip _____
Telephone # _____ From _____ To _____ Salary (\$) _____ wk/mo

Character Reference's

Name	Phone/Email	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

In Case of Emergency Call _____

Other Income (housing, odd jobs, child supt, etc)	Amount (\$)	Notes
_____	_____ wk/mo	_____
_____	_____ wk/mo	_____

Expenses (car pymnt, credit cards, school loans, child spt)	Amount (\$)
1 _____	_____ wk/mo
2 _____	_____ wk/mo
3 _____	_____ wk/mo
4 _____	_____ wk/mo

Additional _____

How Many Total Parking Spaces will your Household Require _____

Automobile Make/Model	Year	Color	State	License Plate #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Are you a Smoker ? _____ *By Signing this Application you acknowledge that the subject rental is a non-smoking dwelling.*
- Do you have, or intend to have, any pets ? _____
- Have you ever had a court action brought against you by a landlord, or have you ever brought an action against a landlord ? (Evictions, small claims, etc.) _____ If yes, please explain with names and dates _____
- Have you ever been convicted of a crime? _____
- Are you in the Military? _____ •Are you a Registered Sex Offender? _____
- Have you ever filed for Bankruptcy? _____

I declare that the foregoing information is true and correct, and authorize its verification and the obtaining of a credit report.. I agree to the ongoing verification of the information here stated and the obtaining of future credit reports in the event I default on my lease agreement. I agree that my landlord may terminate any agreement entered into in reliance on any misstatement made above.

Applicants Legal Signature _____ **Date** _____