GARAGE RENTAL APPLICATION

Owner/Manager: Mike Bunie (603) 759-6199 mikebunie@gmail.com

Office: 112 Pearl St (Rear of Building), Manchester, NH

ABOUT YOU	Today's Date		
Full Legal Name (w/ middle initial)	Desired Move In Date?	
Current Address	(city/st	tate/zip):	
Your Phone: ()	Monthly rent: \$	Name of Complex (if appl):	
Owner or manager's name:	Their phone:	Date moved in:	
Last Garage or Storage Space Re	nted (city.state.zip):		
Monthly rent: \$Name or	f Complex (if appl):		
		Date moved in/out:	
Why did you stop renting it?			
Was a lease signed? If so,	was it broken? Why?	·	
YOUR WORK/INCOME			
Present employer:	Address		
Work phone: ()	Position:	Gross Monthly Salary	
Date you began this job:	Supervisor's name/phor	ne:	
Other income you want considered	l (i.e. 2 nd job, child support, SS	SI, gov't benefit, alimony, etc) Please explain:	
Have you or your spouse ever own	a home? Yes No		
YOUR RENTAL / CRIMINAL H	<u>HSTORY</u>		
	ed for damage to rental prop	age; broken a rental agreement or lease; declared bankruptcy erty? Have you ever been convicted of a Felony? If so, please ne background search on you.	
LIST ALL VEHICLES YOU WIS	SH TO STORE (Year, Make	e, & Model)	
AUTHORIZATION			
	_	this application to be correct and I authorize Michael	
Bunie (owner/manager and License	d NH Real Estate Sales Agent	t) to verify the above information by any/all available means.	
Applicant's Signature:		(Print Name)	