

RENTAL APPLICATION (One per Adult)

\$35 FEE per ADULT (Sorry, NO pers checks) [Venmo @mikebunie]

Please circle how you found apt... Zillow Craigslist FacebookMP My Website Referral Other_____

Apt applying for, please include address, floor/apt # _____

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

To submit application: Fill out, SCAN pgs to a PDF file, email it, and Venmo Appl Fee(s)

ABOUT YOU

Today's Date _____

Full Legal Name (w/ middle initial) _____ **Other Last Name?** _____

Social Security #: _____ - _____ - _____ **Email** _____

Birth Date: _____ **Do you smoke?** _____ **Desired Move In Date?** _____

Your Current Credit Score (to the best of your knowledge) _____

Current Address _____ **Unit** _____ **City** _____ **State** _____ **Zip** _____

Your Phone: (____) _____ **Monthly rent:** \$ _____ **Name of Complex (if appl):** _____

Owner or manager's name: _____ **Their phone:** _____ **Date moved in:** _____

Why are you leaving your present residence? _____

Was a lease signed? _____ **If so, will it be broken?** _____ **Why?** _____

Do you currently have bed bugs or have you ever? If yes, explain _____

Previous Address (city.state.zip): _____

Monthly rent: \$ _____ **Name of Complex (if appl):** _____

Owner or manager's name: _____ **Their phone:** _____ **Date moved in/out:** _____

Why did you leave this residence? _____

Was a lease signed? _____ **If so, was it broken?** _____ **Why?** _____

Prior Address (city.state.zip): _____

Monthly rent: \$ _____ **Name of Complex (if appl):** _____

Owner or manager's name: _____ **Their phone:** _____ **Date moved in/out:** _____

Why did you leave this residence? _____

Was a lease signed? _____ **If so, was it broken?** _____ **Why?** _____

Have you or your spouse ever owed a home? Yes No

YOUR WORK

Present employer: _____ **Address** _____

Work phone: (____) _____ **Position:** _____ **Gross Monthly Salary** _____

Date you began this job: _____ **Supervisor's name/phone:** _____

Previous employer: _____ **Address** _____

Work phone: (____) _____ **Position:** _____ **Gross Monthly Salary** _____

Dates you began/ended this job: _____ **Supervisor's name/phone:** _____

Other income you want considered (i.e. 2nd job, child support, SSI, gov't benefit, alimony, etc) Please explain:

Highest Level of Education (Provide Degree/Major if appl) _____

OTHER OCCUPANTS

Provide info for anyone (adults or children) who will occupy the unit with you whether part or full time.

Name _____ Relationship _____ Age _____ If part-time, how often? _____

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Highest balance of current debts (car/school loan, credit cards, debt consolidate, etc)

Debt type _____ Amount Owed _____ Monthly Payment _____

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YOUR RENTAL / CRIMINAL HISTORY

Have you ever... been evicted or asked to vacate an apt; broken a rental agreement or lease; declared bankruptcy; been in court with a landlord; or sued for damage to rental property? Have you ever been convicted of a Misdemeanor or Felony? If so, please explain, as this information will be disclosed to us upon our routine background search on you.

YOUR VEHICLES (2 max)

List all vehicles you currently own to be parked on/near premises (including cars, trucks, motorcycles, trailers, etc.)

Year/Make of vehicle: _____

Year/Make of vehicle: _____

ANIMALS

Will you or any occupant have a pet or animal (including any ESA)? Yes No

If so, indicate the animal(s), breed, and age. _____ Has it been "fixed"? _____

EMERGENCY

*Emergency contact person over 18, who will **not** be living with you:*

Name: _____ Relationship: _____

Address (city.state.zip): _____

Cell Phone: (___) _____ Home phone(___) _____

If you are seriously ill, missing, or in jail or penitentiary according to an affidavit of the above person, or you pass away, you *authorize [check one or more]:* the above person; your spouse; and/or your parent(s); to enter your dwelling to remove contents, as well as your property in the mailbox, storerooms, and common areas. If you are seriously ill or injured, you authorize us to send for an ambulance at your expense. We're not legally obligated to do so.

AUTHORIZATION

I, to the best of my knowledge, claim all information provided in this application to be correct and I authorize Michael Bunie (*owner/manager and Licensed NH Real Estate Sales Agent*) to verify the above information by any/all available means.

Applicant's Signature: _____ (Print Name) _____