

RENTAL APPLICATION

Wellington Terrace Apartments
 80 Wellington Terrace Drive
 Manchester, NH 03104
 Tel 603.668.3777 Fax 603.622.0866
 info@wellington-terrace.com



Date Needed	Spoke With
Unit Size / Type	
<input type="checkbox"/> 1 BR Garden	<input type="checkbox"/> 2 BR Townhouse
<input type="checkbox"/> 1 BR Deluxe	<input type="checkbox"/> 3 BR Townhouse
<input type="checkbox"/> 2 BR Garden	Unit _____
Where Did You Hear About Us?	

PLEASE PRINT CLEARLY. ALL SECTIONS MUST BE COMPLETED FOR PROMPT PROCESSING.
 INDIVIDUAL APPLICATIONS REQUIRED FOR EACH OCCUPANT 18 YEARS OR OLDER.

Last Name		First Name		Middle Name		Social Sec #		-		-		
Date of Birth / /		Driver's Licence #		State		Cell Phone () -		Home Phone () -				
CURRENT	Current Address		Apt #		City		State		Zip			
	Date In (Mo./Yr.) / /		Date Out (Mo./Yr.) / /				Gas/Oil (\$/mo) €		Electricity (\$/mo) €			
	Landlord Name			Landlord Address			Landlord Phone () -					
PREVIOUS	Previous Address		Apt #		City		State		Zip			
	Date In (Mo./Yr.) / /		Date Out (Mo./Yr.) / /		Reason For Moving		Rent (\$/mo) €		Gas/Oil (\$/mo) €		Electricity (\$/mo) €	
	Landlord Name			Landlord Address			Landlord Phone () -					
CURRENT	Current Employer		Position		Employed Since		Gross Salary \$					
	Employer Address		City		State		Zip		Phone () -			
PREVIOUS 1	Previous Employer		Position		Employed From (Mo./Yr.) / / TO / /		Gross Salary \$					
	Employer Address		City		State		Zip		Phone () -			
PREVIOUS 2	Previous Employer		Position		Employed From (Mo./Yr.) / / TO / /		Gross Salary \$					
	Employer Address		City		State		Zip		Phone () -			
OTHER	Other Income Source		Amount €		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		Other Income Source		Amount € <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			
	Subsidy Agency		Amount €		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		Subsidy Agency		Amount € <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			

PERSONAL REFERENCES

Name	Phone () -	Relationship
Name	Phone () -	Relationship
Name	Phone () -	Relationship

USE BELOW OR REVERSE SIDE IF MORE SPACE NEEDED

Payments Alimony: \$	Child Support \$	Other \$
Judgements or Lawsuits <input type="checkbox"/> Y <input type="checkbox"/> N.	Explain	
Have you ever filed bankruptcy? <input type="checkbox"/> Y <input type="checkbox"/> N.	Explain	
Have you ever been evicted? <input type="checkbox"/> Y <input type="checkbox"/> N.	When	
Have you established credit using any other name? <input type="checkbox"/> Y <input type="checkbox"/> N.	Name	
Have you ever been convicted of a felony? <input type="checkbox"/> Y <input type="checkbox"/> N.	When Explain	
Do you have a checking account? <input type="checkbox"/> Y <input type="checkbox"/> N.	Bank Years	
Do you have a savings account? <input type="checkbox"/> Y <input type="checkbox"/> N.	Bank Years	
Explain (cont)		

APPROVED OCCUPANTS

List NAME AND RELATIONSHIP ONLY for persons applying jointly for the apartment. List ALL INFORMATION for minors on PRIMARY APPLICATION only.

Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SSN - -	Relationship
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SSN - -	Relationship
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SSN - -	Relationship
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SSN - -	Relationship
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SSN - -	Relationship

Do you own any pets? Y N. List pet types and qty. # of vehicles you own

I hereby certify that all information in this application is true to the best of my knowledge and that I understand that false statement or information are punishable by law and will lead to cancellation or termination of tenancy after occupancy.

Print Name _____ Signature _____ Dated _____

I hereby authorize Wellington Terrace Apartments and its staff or authorized representatives to contact any agencies, offices, groups, or organizations to obtain & verify any information or materials which are deemed necessary to complete my application for housing at Wellington Terrace Apartments managed by Madison Properties. I also realize that this application is good for only six months and that I will have to contact the resident manager at the end of six months to bring information up to date and also give notice that I am still available for an apartment. If I fail to do so, I understand that my name will be dropped from the waiting list.

****PLEASE READ & SIGN REVERSE SIDE-->**

Print Name _____ Signature _____ Dated _____

