

PARKWOOD & PARK PLACE APARTMENTS
681 Park Avenue
Keene, NH 03431
(603) 352-0911 Fax (603) 358-5574
Web Site: <http://www.parkwoodparkplace.com>
Email: parkwood@myfairpoint.net

DATE OF APPLICATION: _____ APARTMENT LOCATION: _____

FULL NAME (Including M.I. and Jr., Sr., III, etc): _____

MAIDEN NAME (If applicable): _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE #: _____

PHONE - DAYS: _____ EVENINGS: _____ CELL PHONE: _____

RENTING HISTORY

PRESENT ADDRESS: _____

LANDLORD NAME & PHONE NUMBER: _____

RENT AMOUNT: \$ _____ LENGTH OF RESIDENCE: _____

REASON FOR MOVING: _____

1. PREVIOUS ADDRESS: _____

LANDLORD NAME & PHONE NUMBER: _____

LENGTH OF RESIDENCE: _____

REASON FOR MOVING: _____

2. PREVIOUS ADDRESS: _____

LANDLORD NAME & PHONE NUMBER: _____

LENGTH OF RESIDENCE: _____

REASON FOR MOVING: _____

WORK HISTORY

EMPLOYER NAME: _____ EMPLOYER PHONE: _____

ADDRESS: _____

SUPERVISOR'S NAME: _____ PHONE: _____

LENGTH OF EMPLOYMENT: _____ SALARY: \$ _____

PREVIOUS EMPLOYER: _____ EMPLOYER PHONE: _____

ADDRESS: _____

SUPERVISOR'S NAME: _____ PHONE: _____

LENGTH OF EMPLOYMENT: _____ SALARY: \$ _____

PERSONAL REFERENCES

1. NAME: _____ PHONE: _____

ADDRESS: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____

=====

DO NOT WRITE BELOW THIS LINE:

PHOTO ID

Type of ID:

Name:

Address:

City, St, Zip

DOB License #

Social Security Number:

Date Issued:



If you have a scanner attached to your computer you can scan a copy of your photo ID and insert it in the above box by clicking on the box. If you are not able to do this then a copy of your ID will be made by the office and attached to your file.

OTHERS TO OCCUPY THE APARTMENT

NAME	SS #	DATE OF BIRTH	RELATIIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN ASKED TO LEAVE?:

IF YES, WHY?: _____

NUMBER OF VEHICLES: _____

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	REGISTRATION STATE AND PLATE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**** I / WE UNDERSTAND THAT PETS ARE NOT ALLOWED:**

**** I / WE UNDERSTAND THAT ONCE A SECURITY DEPOSIT IS REMITTED FOR A PARTICULAR UNIT, THAT SECURITY DEPOSIT WILL NOT BE RETURNED IF I / WE DECIDE NOT TO TAKE THE UNIT.**

Signature

Date

*Parkwood &
Park Place Apartments*

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The undersigned authorizes that:

Credit reports to be obtained from any consumer reporting agency, verification of my rental history be obtained from landlords, property management companies, or any other sources, employment verification and history be obtained from present and past employers, and references to be obtained from any source which would attest to my credibility, suitability, and worthiness to rent a housing accomodation. The undersigned also warrants and represents that all statements herein are true. Any false or misleading information on this application may result in immediate termination of the lease. Applicant understands and agrees that the application may be rejected at any time, even after initial approval, until the lease is signed.

Applicant's Legal Signature: _____

Date: _____