

FOR OFFICE USE ONLY

Application Fee Schedule

\$30 Per Person

**Please include copies
of valid drivers licenses.**

Application Date: _____

Location: _____

Rent: \$ _____

KUNCANOWET HILLS INC.

86 SARGENT STATION ROAD

WEARE, NH 03281

RENTAL APPLICATION

PLEASE PRINT CLEARLY

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

Maiden Name (if applicable) _____ Social Security # _____

Date of Birth _____ Telephone # _____ Driver's License # _____

Current Address _____ City _____ State _____ Zip _____

Move-in Date _____ Rent Amount \$ _____ Week/Month ? _____

Current Landlord _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Reason for Moving _____

Previous Address _____ City _____ State _____ Zip _____

From _____ To _____ Reason _____

Landlord name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

From _____ To _____ Reason _____

Landlord name _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

In case of emergency notify:

Name _____ Relationship _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Non-relative reference **not** living with you (other than listed above):

Name _____ Relationship _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Others to occupy the dwelling:

Name	Social Security #	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present Employer _____ Supervisor's Name _____
 Address _____ City _____ State _____ Zip _____
 Telephone # _____ Employed since _____ Salary \$ _____ Wk/Month ? _____

Previous Employer _____ Supervisor's Name _____
 Address _____ City _____ State _____ Zip _____
 Telephone # _____ Employed from _____ To _____ Salary \$ _____

Other Income:

Source _____ Amount \$ _____ Wk/Month ? _____
 Source _____ Amount \$ _____ Wk/Month ? _____

Bills owed (child support, car payment, charge cards, etc.):

Debt type _____ Amount owed \$ _____ Payment \$ _____ Wk/Month ? _____
 Debt type _____ Amount owed \$ _____ Payment \$ _____ Wk/Month ? _____
 Debt type _____ Amount owed \$ _____ Payment \$ _____ Wk/Month ? _____

Automobile make/model	Year	Color	License Plate #	State
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

What type of pets do you own? _____

Have you ever had a court action brought against you by a landlord or have you ever brought a court action against a landlord (such as eviction, small claims, etc.)? _____ If yes, explain fully with names and dates: _____

Have you ever filed for bankruptcy? _____ Had a judgment against you? _____

The undersigned authorizes that:

Credit reports 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 be obtained from any source which could attest to my credibility, suitability, and worthiness to rent a housing accommodation. The undersigned also warrants and represents that all statements herein are true. If any statement herein made is not true, or applicant chooses to withdraw this application for any reason, the deposit will be applied to rent or actual damages sustained by the owner, except the deposit will be refunded if said application is not accepted by the owner. In addition, if you are approved for a dwelling unit, you authorize that the landlord can report your name to the appropriate Consumer Credit Reporting Agency as the occupant of this dwelling unit. This application may also be released to any company, agency, etc. upon their request.

NOTE: PHOTO ID IS REQUIRED AT TIME OF APPLICATION.

Applicant's Legal Signature _____ Date _____

*******NOTICE*******

If you are approved to rent a dwelling unit, and we later discover you are a narcotics user or dealer, we will immediately report this illegal activity to the local police authorities. We will also willingly participate, if requested, to testify against you and submit any information you give us on your application as evidence. Beware that law-abiding residents of our park are aware of the types of activity that signal the presence of drug dealers and they have been instructed to contact us immediately upon discovery of such activity.

**

CREDIT REFERENCES OTHER THAN RELATIVES:

1) _____ Phone # _____

2) _____ Phone # _____

3) _____ Phone # _____

PHONE NUMBER WHERE YOU CAN BE REACHED:

HOME # _____ WORK # _____

SIGNED _____

SIGNED _____

THIS _____ DAY OF _____ 20 _____