

please fill out:

Date: _____
 Which complex are you applying for? _____

 Unit # _____

Sulco Corp.

96 Pleasant Street
 Claremont, NH 03743
 603-543-1044 (M-F, 8-5)
 Fax: 603-543-1432

FOR OFFICE USE ONLY

Rent: \$ _____ Sec. Dep \$ _____
 Pro-rated amt. \$ _____
 From _____ To _____

APPROVED
 DENIED

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY WITH ALL PHONE #s. WE CAN NOT PROCESS INCOMPLETE APPLICATIONS!
 (All unrelated adults to occupy this unit must fill out **SEPARATE** applications. If related adults have different rental histories over the past five years, they also need to fill out separate applications.)

Head of Household (include MI and Jr., Sr., III, etc.) _____

Maiden Name (if applicable) _____ Social Security # _____

Date of Birth: _____ Telephone (_____) _____ Driver's Lic. # _____

MUST HAVE CURRENT MAILING ADDRESS: email: _____

Current address _____ City _____ State _____ Zip _____

When did you move here? _____ How much do you pay in rent? \$ _____/week or mo? Util? _____

Name of Current Landlord _____ Landlord's Phone (**must have**) (_____) _____

Why do you want to move? _____ Are you being evicted? Yes ___ No ___

PREVIOUS ADDRESSES (INCLUDE ALL PREVIOUS ADDRESSES AT LEAST BACK 5 YEARS (use additional sheet of paper if necessary) - WE NEED AT LEAST **TWO - THREE** LANDLORD REFERENCES TO PROCESS YOUR APPLICATION - DO NOT SKIP ANY PERIODS OF TIME)

Where did you live before the above address?

Street Address: _____ City _____ State _____ Zip _____

Landlord _____ Landlord's Phone (**must have**) (_____) _____

From: (Mo/Yr) _____ To: _____ Reason for Moving: _____ Were you evicted? Yes ___ No ___

Where did you live before that?

Street Address: _____ City _____ State _____ Zip _____

Landlord _____ Landlord's Phone (**must have**) (_____) _____

From: (Mo/Yr) _____ To: _____ Reason for Moving: _____ Were you evicted? Yes ___ No ___

In case of emergency notify:

Name: _____ Relationship: _____ Telephone: (_____) _____

Address: _____ City _____ State _____ Zip _____

List a non-relative not living with you (other than listed above):

Name: _____ Relationship: _____ Telephone: (_____) _____

Address: _____ City _____ State _____ Zip _____

List ALL persons who will occupy this unit (must have **ALL** DOBs and SS #s)

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

HOW WILL YOU PAY FOR THIS APARTMENT - INCOME SOURCES?

Name _____ Employer _____ Supervisor _____

Employer Address: _____ City _____ State _____ Zip _____

Telephone (_____) _____ How long have you worked here? _____

Salary \$ _____/month/week (**MUST provide 4 check stubs**). **If you have worked here less than one year, provide previous employer info below:**

2nd Source of Income

Name _____ Employer _____ Supervisor _____
Employer Address: _____ City _____ State _____ Zip _____
Telephone (_____) _____ How long have you worked here? _____ Salary \$ _____ /month/week

Other Sources of Income

Name _____ Source _____ Amount \$ _____ /month/week
Name _____ Source _____ Amount \$ _____ /month/week

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD A SMOKER? YES ___ NO ___

If yes, do you/they smoke indoors? Yes ___ No ___

We currently do not prohibit smoking indoors or outdoors on our property, however, we do recognize that it causes property damage and annoyance/inconvenience to adjoining tenants who do not smoke, especially from heavy smokers. Be forewarned that if your smoking is too heavy and causes smoke to seep into adjoining units, we do reserve the right to restrict smoking on the property. We also reserve the right to charge for damages caused by smoking including, but not limited to painting of walls, ceilings and woodwork, cleaning of carpets, or if necessary, complete carpet replacement.

If you are a smoker, please sign below indicating your understanding of this policy:

_____ Date: _____

Automobile make/model _____ Year _____ Color _____ Lic. Plate # _____ State _____

IMPORTANT—ANSWER

Do you have any pets—list

yes, list type, age, wgt, _____

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 bankruptcy? _____ Had a COURT judgement against you? _____

Have you, **or anyone who will occupy this unit** ever been convicted of a crime? _____. If yes, please explain _____

Are you or anyone who will occupy this unit required to register as a sex offender? Yes ___ No ___

Are you or anyone who will occupy this unit a current member of any military service? Yes ___ No ___

If yes, who _____ what branch of service? _____

(Note: You must keep landlord apprised of any changes to the status of military service throughout your tenancy...if any of this current information changes during tenancy, please inform landlord in writing immediately)

The undersigned authorizes that:

Credit or criminal reports may be obtained from any 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 Agencies as the occupant of this dwelling unit. This application may also be released to any company, agency, etc., including Lakeview management company for Lakeview tenants, upon their request. If any information found on this application is found to be false, it will be cause for denial of application, or if occupying a rental unit, cause for eviction.

NOTE: PHOTO ID & 4 PAY STUBS REQUIRED AT TIME OF APPLICATION.

Applicant's legal signature _____ Date _____

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 authorities. We will also willingly participate, if requested, to testify against you and submit any information you give us on your application as evidence. Be aware that law-abiding residents of our building are aware of the types of activities that signal the presence of drug dealers and they have been instructed to contact us immediately upon discovery of such activity.

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