

APPLICATION FOR RESIDENCY

OAK HILL RENTAL

Time/Date Stamp

Stewart Property Management Use Only:	
Property Name: OAK HILL CONDOMINIUMS	
Bedroom Size:	Comments:
<input type="checkbox"/> Accepted	
<input type="checkbox"/> Rejected	



OAK HILL CONDOMINIUMS

12 St James Place
 NASHUA, NH 03062
 TELEPHONE: (603) 888-6775 FAX: (603) 888-5159
 www.stewartproperty.net

Please complete the following application and return it to Stewart Property Management, Inc. (SPM). All items must be complete in order to determine your eligibility. If an item does not apply to you, please check N/A next to the question. SPM does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, or sexual orientation.

A. GENERAL INFORMATION

Name:	
Address:	

Phone Number:

E-Mail:

B. HOUSEHOLD COMPOSITION

List all persons, including yourself, who will be living in the condominium. List the head of household first.

Name	Relationship to HEAD	Date of Birth	Smoker (Yes or No)	Social Security #	Sex
	HEAD				

C. INCOME

Please fill in each section, checking N/A next to the items that do not apply to you.

Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name and Address of Employer	Gross Monthly Amount
		Employment Wages		\$
		Employment Wages		\$
		Employment Wages		\$
Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
		Alimony		\$
		Child Support		\$
		Self Employment		\$
		Other Income		\$

D: CREDIT REFERENCES

CHECKING/SAVINGS ACCOUNTS, OR CD						
Check if N/A	Family Member	Bank Name	Type of Account	Account #	Balance	
						\$
						\$
						\$
						\$
						\$
						\$
						\$

LOANS, CREDIT CARD BALANCES						
Check if N/A	Family Member	Bank Name	Type of Account	Account #	Balance Owed	
						\$
						\$
						\$
						\$
						\$
						\$
						\$

E. LEASING HISTORY

YES NO Have you ever been evicted?
 If yes, please explain:

How did you hear about Oak Hill?

What state(s) have the adult household members resided in during the last 10 years?
 List household member name and State(s):

F: HOUSING REFERENCES Please complete all areas below.

Please list your current address and landlord first, then your 2 other most recent addresses and landlords.

Current Address:

	Resided here since:
	Rent Amount: \$
Name and Address of Current Landlord:	Phone Number of current landlord:
	Additional Info:

Previous Address:

	Lived there from _____ to _____.
	Rent Amount: \$
Name and Address of Previous Landlord:	Phone Number of previous landlord:
	Additional Info:

G: OTHER INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any pets? If yes, please describe:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have YOU or ANY MEMBER of your household ever been arrested or convicted of any felony or any misdemeanor crime? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are YOU or ANY MEMBER of your household listed on any state sex offender registration program? If yes, please explain:

H: CERTIFICATION

I/we understand that I/we must pay a security deposit prior to occupancy. I/We understand that eligibility for housing will be based on Stewart Property Management's Resident Selection Criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior, and/or poor I/We certify that the information given in this application is true to the best of my/our knowledge. I/We understand that any false information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household: _____

Date: _____

Spouse/Co-Tenant: _____

Date: _____

I: RELEASE OF INFORMATION AUTHORIZATION

I/We do hereby authorize Stewart Property Management, Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing, including contacting agencies, offices, groups, or organizations, that may provide information that could substantiate or verify information given in this application; for example landlords, local police departments, welfare agencies, or senior services agencies.

Head of Household: _____

Date: _____

Spouse/Co-Tenant: _____

Date: _____

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