## Partridge Green Apartments - Rental Application (To be completed by all occupants 18 yrs. or older)

Property Name	Preferred Apartment Size	_ Est. Date of Occupancy	Unit # (if known)	
Name	SS#	DOB	License #	
Address	City	StateZij	pPhone	
1) Present Landlord	Phone_	Length of Oc	c Rent \$	
Landlords Address	Ci	ty State	Zip	
2) Previous Address	City	State	Zip	
Previous Landlord	Phone	eLength of C	Occ Rent \$	
Employer	Address	Phone #		
Position:	Length: _	Salary \$		
Other Income		eeAmount		
YesNo. Are you re below, give the date, location	ed of a crime other than a misdeme equired to register on any state or non and nature of the crime.  Implete this section will be a basis for rejection	ational offender checklist?	YesNo. In the space	
Luck of explanation of fathere to con	mpiete inis section witi be a basis for rejecti	m of your application or termina	tion of tenancy after occupancy.	
Personal references not relat	ed to you: Name	Phone	e#	
Name		Phone #		
Vehicle Information: Make:	Model	Year	Plate #	
Name of nearest relative NC	OT living with you:		Phone #	
Relationship	Address			
Name all others who will res	side in this apartment:			
Name:	Age:	_ Relationship:		
Name:	Age:	_ Relationship:		
Do you have any pets?	Yes No If ye	s, please describe		
Partridge Green of NH, LI purposes.	C reserves the right to use any a	and all information contai	ined in this application for any lawful	
understand that my application any kind on this application	tion may be rejected if subsequent	lawful investigation indication, discovered at any tire	best of my knowledge and belief and tates I have made misrepresentation of the shall be grounds for termination of	
I HEREBY AUTHORIZE T REGARD TO THIS APPLI	THE INVESTIGATION OF THE CATION FOR LEASING.	INFORMATION PROV	IDED BY MYSELF WITH	
		Date		
Signature of Kental Agent: _			Date	