



PRESCOTT PLACE APARTMENTS

Manager@PrescottPlaceApartments.com

27 Prescott St.
Unit 2
Concord, NH 03301
PH: 603-226-2424
FAX: 603-226-2323

RENTAL APPLICATION

A non-refundable \$25.00 fee per application is required at the time of the application(s) to cover the processing costs. Please make all checks payable to Yankee Realty Property Management, LLC. This application shall expire one (1) year from the original application date. Rental applications DO NOT hold apartments, reserve apartments, nor do they guarantee residency in any way.

The undersigned hereby makes an application to rent Unit No. _____ located at _____ beginning on _____ at a monthly rent of \$_____.

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Phone (____) _____

Birth Date _____ Social Security # _____ Email _____

Name of **Co-Applicant** _____ Phone (____) _____

Birth Date _____ Social Security # _____ Email _____

Number of Dependants (Excluding Co-Applicant) _____

Other Occupants _____

Pets (Number & Kind) _____

GIVE YOUR RESIDENCE HISTORY FOR THE PAST YEAR

PRIMARY Applicant - Current Address _____
Street Town/City Zip Code

Month & Year Move In _____ Reason for Leaving _____

Landlord/Owner Name/Address/Phone _____ (____) _____
Street Town/City Zip Phone #

GIVE YOUR EMPLOYMENT INFORMATION

PRIMARY Applicant Employment Status: Full-Time ____ Part-Time ____ Student ____ Retired ____ Unemployed ____

Current Employer _____ Phone (____) _____

Address _____
Street Town/City Zip Code

Salary _____ Per _____ Length of Employment _____ Years _____ Mos. _____

OTHER INFORMATION

In case of emergency, notify _____
Name Street City/Town Zip Code

Relationship _____ Phone (____) _____

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PROSPECTIVE TENANTS MUST PROVIDE A FULL CREDIT REPORT WITH SCORE WHICH CAN BE OBTAINED FROM ONE OF THE THREE CREDIT BUREAUS OR CREDIT KARMA.

YOU WILL ALSO BE REQUIRED TO PROVIDE COPIES OF THE FOLLOWING: Social Security Card, Drivers' License, Vehicle Registration(s), and your last three (3) payroll stubs.

IF YOU DO NOT PROVIDE COPIES OF THESE ITEMS, YOUR APPLICATION CANNOT BE PROCESSED.

If management has any questions about the application, please give telephone numbers where you can be reached:

Applicant: Day () Evening/Cell ()

I hereby apply to lease the above described premises for the term and conditions set forth.

Upon notification of approval of this application, the assignment of a unit, and the assignment of a lease commencement date, applicant shall have 24 hours to accept a tenancy. Acceptance shall be by delivery of Security Deposit to equal one-month's rent. The applicant will be required to execute a written lease for 12 (twelve) months prior to moving into the unit. In the event that the applicant cancels the tenancy prior to executing the written lease, applicant shall remain liable for one full month's rent and agrees that Landlord may apply the Security Deposit to pay such rent.

I RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, THE INFORMATION GIVEN ON THIS APPLICATION AND CREDIT REPORT, WILL BE VERIFIED. I AUTHORIZE YOU TO CONTACT ANY REFERENCES THAT I HAVE LISTED.

IT IS MY RESPONSIBILITY TO OBTAIN A CRIMINAL BACKGROUND REPORT FROM THE NEW HAMPSHIRE DEPARTMENT OF SAFETY – DIVISION OF STATE POLICE AT 33 HAZEN DRIVE IN CONCORD, NEW HAMPSHIRE AND PRESENT THIS REPORT TO THE MANAGEMENT OFFICE PRIOR TO MOVE-IN.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant _____ Date _____

How did you hear about us? Friend___ Internet___ Driving By___ Newspaper___ Current Resident___
Other_____ (Check as many as needed)

PLEASE DO NOT WRITE BELOW

This application form received by (Name) _____ Date _____

REFERENCE VERIFICATION NAME	REFERENCE COMMENT
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This application Approved _____ Denied _____ By _____

Applicant Notified By _____ Date _____

