



RENTAL APPLICATION

Please fill in all required fields. Please note: A separate application must be completed for all occupants 18+ who will be living in the apartment. A Non-Refundable Application Fee of \$50.00 PER APPLICANT is required to process this Application. ALL FIELDS MUST BE COMPLETED TO BE CONSIDERED.

Landlord: Seaside Vacation Rentals, LLC – Agent For The Owner

AGENCY DISCLOSURE: Seaside Vacation Rentals, LLC represents the Seller/Landlord, not the BUYER/LESSEE, in the marketing negotiating, rental or sale of property, unless otherwise disclosed in writing.

Property Information: Today's Date: \_\_\_\_\_

Property Address Applying For: \_\_\_\_\_ Unit: \_\_\_\_\_

Expected Move-in Date \_\_\_\_\_ Monthly Rental Amt:\$ \_\_\_\_\_ \* Security Dep:\$ \_\_\_\_\_

Rental Period: \_\_\_\_\_ 3:00 p.m. to \_\_\_\_\_ 10:00 a.m.

\*If rental period is less than 185 days, the NH Dept. of Revenue requires us to collect 8.5% Rooms tax which is added to the Monthly Rent.

EACH ADULT PERSON WHO WILL OCCUPY UNIT MUST COMPLETE AN APPLICATION MAKE A COPY OF THIS APPLICATION IF REQUIRED FOR CO-APPLICANT

Applicant Name

Legal First, Middle & Last Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver Lic # (state) \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Vehicle Make/Model\* \_\_\_\_\_ Year \_\_\_\_\_ License Plate #/State \_\_\_\_\_

Co-Applicant Name

Legal First, Middle & Last Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver Lic # (state) \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Vehicle Make/Model\* \_\_\_\_\_ Year \_\_\_\_\_ License Plate #/State \_\_\_\_\_

**RESIDENTIAL HISTORY FOR LAST 5 YEARS:** Info applies to Check One: Applicant \_\_\_ Co Applicant \_\_\_

**Current ADDRESS:** \_\_\_\_\_

Moved In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent \$ \_\_\_\_\_

Owner/Agent \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**RENTAL HISTORY FOR LAST 5 YEARS** Info applies to Check One: Applicant \_\_\_ Co Applicant \_\_\_

Address: \_\_\_\_\_

Moved In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Rent \$ \_\_\_\_\_

Owner/Agent \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**RENTAL HISTORY FOR LAST 5 YEARS:** Info applies to Check One: Applicant \_\_\_ Co Applicant \_\_\_

Address: \_\_\_\_\_

Moved In Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Rent \$ \_\_\_\_\_

Owner/Agent \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT & INCOME INFO LAST 5 YEARS:** Info applies to Check One: Applicant \_\_\_ Co Applicant \_\_\_

Employment Status \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Student \_\_\_ Seasonal \* \_\_\_\_\_ If seasonal what do you do in the off season \_\_\_\_\_

Employer: \_\_\_\_\_ Date Started: \_\_\_\_\_ DATE Left: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title \_\_\_\_\_ Monthly Take Home Pay \_\_\_\_\_

Supervisor Name/Number: \_\_\_\_\_

**(Circle One) How often Paid?** WEEKLY / BI-WEEKLY / MONTHLY / COMMISSION

REASON FOR LEAVING: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EMPLOYMENT & INCOME INFO LAST 5 YEARS: Info applies to Check One: Applicant \_\_\_ Co Applicant \_\_\_**

Employment Status \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Student \_\_\_ Seasonal \* \_\_\_ If seasonal what do you do in the off season \_\_\_\_\_

Employer: \_\_\_\_\_ Date Started: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title \_\_\_\_\_ Monthly Take Home Pay \_\_\_\_\_

Supervisor Name/Number: \_\_\_\_\_

**(Circle One) How often Paid?** WEEKLY / BI-WEEKLY / MONTHLY / COMMISSION

REASON FOR LEAVING: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EMPLOYMENT & INCOME INFO LAST 5 YEARS: Info applies to Check One: Applicant \_\_\_ Co Applicant \_\_\_**

Employment Status \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Student \_\_\_ Seasonal \* \_\_\_ If seasonal what do you do in the off season \_\_\_\_\_

Employer: \_\_\_\_\_ Date Started: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title \_\_\_\_\_ Monthly Take Home Pay \_\_\_\_\_

Supervisor Name/Number: \_\_\_\_\_

**(Circle One) How often Paid?** WEEKLY / BI-WEEKLY / MONTHLY / COMMISSION

REASON FOR LEAVING: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If you would like us to consider other sources of income for this Rental Application, please list the amount and the person we may contact for confirmation. Please do not reveal alimony, child support, or anyone else's income unless you want us to consider it in this New Hampshire Application.

Amount \$ \_\_\_\_\_ Contact Name/Number \_\_\_\_\_

**Please Answer All Questions: Info applies to Check One: Applicant \_\_\_ Co Applicant \_\_\_**

- Do you or anyone in your household Smoke (any substance) Yes\_\_ No\_\_
- Do you have any animals? (how many/kind) \_\_\_\_\_ Yes\_\_ No\_\_
- Has your rent been late in the last 12 months? Yes\_\_ No\_\_
- Have you been served a Notice to Quit in last 12 Months? Yes\_\_ No\_\_
- Have you ever been evicted from a rental? Yes\_\_ No\_\_
- Have you ever filed bankruptcy? Yes\_\_ No\_\_
- Are you a party to any lawsuit? Yes\_\_ No\_\_
- Are there any judgements against you? Yes\_\_ No\_\_
- Have you ever defaulted on a loan? Yes\_\_ No\_\_

Are you currently serving in the Military? Yes\_\_\_ No\_\_\_  
If you answered Yes to any of the above questions, please explain below: \_\_\_\_\_

**REFERENCES:**

**Bank References: Info applies to Check One: Applicant \_\_\_ Co Applicant\_\_\_**

Bank Name \_\_\_\_\_ Account Holder \_\_\_\_\_

Account Type \_\_\_\_\_

**Personal References: (Not Related) Info applies to Check One: Applicant \_\_\_ Co Applicant\_\_\_**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Closest Relatives: Info applies to Check One: Applicant \_\_\_ Co Applicant\_\_\_**

Name:	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Occupants: \_\_\_\_\_ Provide Names of children under 18:  
\_\_\_\_\_

**Our Properties have a NO ANIMAL POLICY – ABSOLUTLY NO ANIMALS\***

\*Does Applicant have: An Assistance Animal? \_\_No \_\_ Yes  
Is this a Service Animal? \_\_NO\_\_YES \*Is this a Support Animal? \_\_No \_\_Yes

If yes to either of above, you are requesting a reasonable accomodation to our NO PET POLICY. While the applicant does not need to disclose the disability, he or she will need to include a note to this Application from your health care professional that confirms a person’s disability affecting a major life activity and related need for an assistance animal for therapeutic purposes. This note should be on the professional’s letter head, signed and dated by the health care provider including their medical license number and the location it was issued. This will be verified during the application process. [\(FHEO Notice: FHEO-2020-01\)](#).

**If there are more Applicants than there is room for, complete a separate application for additional Applicants.**

By submitting this application to Seaside Vacation Rentals, LLC, I hereby authorize Seaside Vacation Rentals, LLC and authorized agents’ permission to check any portion of this application and/or any other background, credit or personal references including, but not limited to, landlord verification, employment verification, criminal records and, in the case of Reasonable Accommodations (to pet

policy), applicant gives permission to verify with health care provider that note for assistance animal was generated by them on behalf of applicant.

Additionally, I understand that the \$50.00 application (per adult applicant) is non-refundable for any reason. NO SMOKING, NO ANIMALS, NO SUBLETTING.

The undersigned warrants and represents that the above statement are true. If it is determined that false information has been given, this application will be denied and constitutes grounds for eviction.

If this Application is accepted and the Applicant fails to execute a Lease before the beginning date specified, or to pay the required deposits and the first month's rent, the deposit will be forfeited as liquidated damages.

**APPLICANT #1 SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CO-APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Acceptance - Once your application has been processed, we will contact you to notify you of the status

Upon Acceptance - Submit your Deposit - A non-refundable deposit equal to one month's rent is required to secure your apartment and to take it off the market. When you sign your lease, this becomes your security deposit. Sign your Lease - Come in to sign your lease and incoming tenant paperwork. First month's rent is due at this time.

Pursuant to Chapter 351A of the Revised Statutes Annotated of the State of New Hampshire, the management shall not refuse to rent an apartment to any person because of age, sex, race, color, marital status, physical or mental handicap, religion or national origin, nor shall management discriminate in the terms offered or services rendered.

We are Fair Housing compliant and will make reasonable accommodations on a case by case basis.

The information provided by the prospective tenant(s) may be used by Seaside Vacation Rentals, LLC. to determine whether to accept this Application. Upon written request within 60 days, SVR will disclose to the Applicant in writing the nature and scope of any investigation SVR has requested, and will, if the Application is refused, state in writing the reason for said refusal.



**For office use only:** Accepted: \_\_\_\_\_ Refused: \_\_\_\_\_

By: \_\_\_\_\_