APPLICATION FOR RESIDENCY

OAK HILL RENTAL

Stewart Property Management Use O	200	
Property Name: OAK HILL CONDON	Star	
Bedroom Size:	Comments:	O TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNE
Accepted		ne le
Rejected		(iii





OAK HILL CONDOMINIUMS

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 NO next to the question. SPM does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, sexual orientation, perceived sexual orientation, gender, or gender identification.

Α.	GENERAL INFORMATION

Name:	Phone Number:	
Address:	E-Mail:	

B: HOUSEHOLD COMPOSITION

OMI OSITION				
List all persons, including yourself, who will be living in the condominium. List the head of household first.				
Relationship to HEAD	Date of Birth	Smoker (Yes or No)	Social Security #	Sex
HEAD				
	yourself, who will be livin	yourself, who will be living in the condo Relationship to HEAD Date of Birth	yourself, who will be living in the condominium. List the he	yourself, who will be living in the condominium. List the head of household first Relationship to HEAD Date of Birth Smoker (Yes or No) Social Security #

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

			, 3	
Check if N/A	Family Member	Source of Income	Name and Address of Employer	Gross Monthly Amount
		Employment Wages		\$
		Employment Wages		\$
		Employment Wages		\$
Check if N/A	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 CAR	D BALANCES			
Check if N/A	Family Member	Bank Name	Type of Account	Account #	Balance Owed
					\$
					\$
					\$
					\$
					¢

E. LEASING HISTORY

	ELACINO INCIGNI
□YES □NC	Have you ever been evicted? If yes, please explain:
l les line	If yes, please explain:
How did you	hear about Oak Hill?
For each ad	ult household member, list every state that they have ever lived in:
FOI Eacil au	uit nousehold member, list every state that they have ever lived in.

F: HOUSING REFERENCES Please complete all areas below.

110001110 IVEL ENERIOED	i lease complete an areas below.
Please list your current address and landlo	ord 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:
	7
	-

G:	OTHER INFORMATION	
□YES □NO	Do you have any pets?	
	If yes, please describe:	
MVES MNO	Have YOU or ANY MEMBER of your household ever been arrest	ad ar applicated of any followy or any
LIES LINO	misdemeanor crime?	ed of convicted of any felony of any
	If yes, please explain:	
	п уез, рієазе ехріант.	
□YES □NO	Are YOU or ANY MEMBER of your household listed on any state	sex offender registration program?
	If yes, please explain:	
H:	CERTIFICATION	
	hat I/we must pay a security deposit prior to occupancy. I/We understand that elig ment's Resident Selection Criteria. I/we understand that this application in no way	
	I on, but not limited to, poor credit or landlord references, police records indicating	
	ne information given in this application is true to the best of my/our knowledge. I/W be grounds for cancellation of this application or termination of residency after occ	
by law, and could	be grounds for cancellation of this application of termination of residency after occ	cupancy.
	Head of Household:	Date:
	Tread of Flousefiold.	Date.
	Spouse/Co-Tenant:	Date:
_		
I:	RELEASE OF INFORMATION AUTHORIZATION uthorize Stewart Property Management, Inc., and its staff to obtain information or its staff to obtain or it	materials deemed necessary to determine my/
our eligibility for h	ousing, including, but not limited to contacting Local, State and Federal agencies,	organizations, credit bureaus and landlords
	information that could substantiate or verify information given in this application. I/	We authorize Stewart Property Management,
inc, to obtain a co		_
	Head of Household:	Date:
	0 10 7	- .
	Spouse/Co-Tenant:	Date:

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