



# RENTAL APPLICATION

**Winchester Place Apartments**  
 107 Ledgewood Drive  
 Portsmouth, NH 03801  
 Tel: 603.436.1388 Fax: 603.436.4890  
 klyons@equivise.com

Date Needed	Spoke With
Unit Size	Floor Preference/Unit
<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>
<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 <sup>rd</sup>
<input type="checkbox"/> 3 Bedroom	Unit _____
Where Did You Hear About Us?	

**PLEASE PRINT CLEARLY. ALL SECTIONS MUST BE COMPLETED FOR PROMPT PROCESSING.  
 INDIVIDUAL APPLICATIONS REQUIRED FOR EACH OCCUPANT 18 YEARS OR OLDER.**

## General Information

Last Name		First Name		Middle Name		Social Sec #	
Date of Birth / /		Driver's Licence #		State		Cell Phone ( ) -	
Home Phone ( ) -		Apt #		City		State	
Zip		Current Address		Date In (Mo./Yr.) / /		Date Out (Mo./Yr.) / /	
Landlord Name		Landlord Address		Landlord Phone ( ) -		Gas/Oil (\$/mo) \$	
Electricity (\$/mo) \$		Previous Address		Apt #		City	
State		Zip		Date In (Mo./Yr.) / /		Date Out (Mo./Yr.) / /	
Reason For Moving		Rent (\$/mo) \$		Gas/Oil (\$/mo) \$		Electricity (\$/mo) \$	
Landlord Name		Landlord Address		Landlord Phone ( ) -			

## Employment / Income

Current Employer		Position		Employed Since		Gross Salary \$	
Employer Address		City		State		Zip	
Phone ( ) -		Previous Employer		Position		Employed From (Mo./Yr.) / / to / /	
Gross Salary \$		Employer Address		City		State	
Zip		Phone ( ) -		Previous Employer		Position	
Employed From (Mo./Yr.) / / to / /		Gross Salary \$		Employer Address		City	
State		Zip		Phone ( ) -			
Other Income Source		Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		Other Income Source	
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		Subsidy Agency		Amount \$	
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly						<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

## Personal

### PERSONAL REFERENCES

Name	Phone ( ) -	Relationship
Name	Phone ( ) -	Relationship
Name	Phone ( ) -	Relationship
<b>APPROVED OCCUPANTS</b>		
List NAME AND RELATIONSHIP ONLY for persons applying jointly for the apartment. List ALL INFORMATION for minors on PRIMARY APPLICATION only.		
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
SSN	-	-
Relationship		
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
SSN	-	-
Relationship		
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
SSN	-	-
Relationship		
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
SSN	-	-
Relationship		
Do you own any pets? <input type="checkbox"/> Y <input type="checkbox"/> N	List pet types and qty	# of vehicles you own

## Financial / Legal

USE BELOW OR REVERSE SIDE IF MORE SPACE NEEDED

Payments	Child Support \$	Other \$
Alimony: \$		
Judgements or Lawsuits <input type="checkbox"/> Y <input type="checkbox"/> N	Explain	
Have you ever filed bankruptcy? <input type="checkbox"/> Y <input type="checkbox"/> N	Explain	
Have you ever been evicted? <input type="checkbox"/> Y <input type="checkbox"/> N	When	
Have you established credit using any other name? <input type="checkbox"/> Y <input type="checkbox"/> N	Name	
Have you ever been convicted of a felony? <input type="checkbox"/> Y <input type="checkbox"/> N	When	
Do you have a checking account? <input type="checkbox"/> Y <input type="checkbox"/> N	Bank	
Do you have a savings account? <input type="checkbox"/> Y <input type="checkbox"/> N	Bank	
Explain (cont)		

## Certification

I hereby certify that all information in this application is true to the best of my knowledge and that I understand that false statement or information are punishable by law and will lead to cancellation or termination of tenancy after occupancy.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Dated \_\_\_\_\_

## Authorization

I hereby authorize Winchester Place Apartments and its staff or authorized representatives to contact any agencies, offices, groups, or organizations to obtain & verify any information or materials which are deemed necessary to complete my application for housing at Winchester Place Apartments managed by Madison Properties. I also realize that this application is good for only six months and that I will have to contact the resident manager at the end of six months to bring information up to date and also give notice that I am still available for an apartment. If I fail to do so, I understand that my name will be dropped from the waiting list.

**\*\*PLEASE READ & SIGN  
 REVERSE SIDE-->**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Dated \_\_\_\_\_

# MADISON PROPERTIES - LEASING GUIDELINES

## EQUAL HOUSING

This Community does not discriminate on the basis of race, color, sex, religion, familial status, or national origin.

## IDENTIFICATION

All visitors must present a valid driver's license or other photo identification in order to view the community

## QUALIFYING STANDARDS

- Rental History:** Up to seven (7) years of rental history may be verified on present and previous residence. A positive record of prompt monthly payment, sufficient notice with no damages is expected. For applicants who are homeowners, permission must be granted to verify payment history with the bank or lending institution.
- Credit History:** An unsatisfactory credit report can disqualify an applicant from renting an apartment home at this community. An unsatisfactory credit report is one, which reflects past or current bad debts, late payments, or unpaid bills, liens, judgments or bankruptcies. If an applicant is rejected for poor credit history, the applicant will be given the name, address and telephone number of the credit-reporting agency that provided the credit report (but not to be told the content of the credit report). An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of the credit report from the credit-reporting agency, correct any erroneous information that may be on the report, and submit an application to this community.
- Falsifying Information:** By signing the application you are claiming that all information is true. If you knowingly give false or inadequate information, your application will be denied.
- Income:** Applicants must have a gross income source that can be verified and is at least two (2) times the monthly rent of the apartment being leased. Acceptable income verification may include pay stubs received during the last month, signed employment verification on company letterhead, a w-2, or personal income tax return. Self-employed applicants will be required to supply the most recent tax return.
- Criminal History:** A criminal background check will be performed and you hereby grant permission for this check to be performed. The application will be rejected for any of the following criminal related reasons, which have occurred within the ten (10) years prior to the application date.
- Felony conviction
  - Any sex related conviction
  - Misdemeanor conviction involving crimes against persons or property
  - Any terrorist related conviction
  - Any of the above charges resulting in "Adjudication Withheld"
  - Active status on probation or parole resulting from any of the above
  - Any sex related conviction
  - Any prostitution related conviction
  - Any illegal drug related conviction
  - Any cruelty to animals related convictions

## OCCUPANCY & POLICIES

- Occupancy:** Lessee and lessor must comply with all local laws and regulations of the city's zoning and health departments pertaining to the maximum number of occupants that may reside in the apartment unit.
- Pet Policy:** We are sorry that this community does not allow dogs unless documented as being medically necessary or to provide assistance with a disability. A maximum of two (2) house cats may be kept in the residence for an additional monthly fee per cat.
- Parking:** An assigned parking space for 1 vehicle per apartment. No more than two spaces can be guaranteed.

## ACCEPTANCE

By signing below, I hereby agree to the terms, conditions, and guidelines that a decision will be based on set forth above.

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Management Representative \_\_\_\_\_

Use the following space to provide any additional explanations or informaton for questions on reverse side

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