



Quail Hollow Senior Living Community
365 North Main Street
West Lebanon NH 03784
Tel: (603)653-3000 Ext. 1
Fax: (603)653-3002

Please complete all applicable areas of application

I am interested in a

- one bedroom apartment
 two bedroom apartment

Desired Date of Occupancy

- As soon as possible
 Within six months
 Just looking. Put me on waiting list

PERSONAL INFORMATION

Applicant's Name: _____

First Middle Last

Telephone Number: _____ Date of Birth: _____ SS # _____

Co-Applicant's Name: _____

First Middle Last

Telephone Number: _____ Date of Birth: _____ SS # _____

RESIDENTIAL HISTORY

Present Address: _____

Street Apt # City State Zip

Own or Rent? _____ Dates: From _____ to _____ Monthly Payment: \$ _____

Apartment Name or Mortgage Company Name: _____

Landlord's Name & Telephone Number: _____

Reason for Moving: _____

Have you ever been evicted from any leased premises? Yes No

If yes, please explain: _____

EMPLOYMENT/INCOME

Employer's Name: _____

Address: _____

Supervisor: _____ Employed Since: _____ Gross Monthly Salary: \$ _____

Retirement Income (Gross Monthly Income)

Social Security \$ _____ Pension Plan: \$ _____ Other Income \$ _____

CREDIT HISTORY

Checking Acct #: _____

Bank Name & Address: _____

Savings Acct #: _____

Bank Name & Address: _____

Credit Cards:

Account # _____ Bank Name _____ Monthly Payment _____
 Account # _____ Bank Name _____ Monthly Payment _____
 Account # _____ Bank Name _____ Monthly Payment _____
 Account # _____ Bank Name _____ Monthly Payment _____

VEHICLE INFORMATION

Do you or the co-applicant own a car? _____ Yes _____ No If yes, please list vehicles:

| Year, Make & Model | Color | License Plate & State |
|---|--------|-----------------------|
| Year, Make & Model | Color: | License Plate & State |
| Applicant's Driver's License #: _____ | | |
| Co- Applicant's Driver's License #: _____ | | |

EMERGENCY/ETC.

Have you or the co-applicant ever been convicted of a felony? _____ Yes _____ No
If yes, please explain: _____

Emergency Contact (nearest relative, not living with you):

| Name | Address | City | State | Zip |
|--|------------------|-------------------|-------|-----|
| Relationship: _____ | Home Phone _____ | Other Phone _____ | | |
| In the event of serious illness or death of resident, the above emergency contact is _____ is not _____ authorized to enter the apartment and remove all contents: | | | | |

The applicant(s) represent that all the above statements are true and complete, and hereby authorizes verification of the above information. Verification shall include, but not be limited to the procurement of a personal credit history. Credit history(ies) will be used to qualify the applicant(s) as well as to collect outstanding debt at termination, if necessary. Applicant(s) acknowledge that false information herein may constitute grounds for rejection of the application, termination of occupancy and may constitute a criminal offence under the laws of this state.

I, the undersigned Applicant(s), have read and agree to all provisions of this application. If I have not provided a recent credit history (within 6 months of date of application) with this application, I expressly give the management company to obtain a credit history.

Applicant's Signature: _____ Date _____

Print Name: _____

Co-Applicant's Signature: _____ Date _____

Print Name: _____

Owner/Management Agent Signature _____