



Quail Hollow Senior Living Community
 365 North Main Street
 West Lebanon, New Hampshire, 03784
 (603)653-3000 – Telephone
 (603)653-3002 – Fax

I am interested in a:

_____ One Bedroom Apartment
 _____ Two Bedroom Apartment

Desired Date of Occupancy:

_____ As soon as possible
 _____ Within Six Months

Please complete all applicable areas of application

PERSONAL

Applicant's Name: _____

Telephone Number: _____
First Middle Last
 Date of Birth: _____ SS #: _____

Co-Occupant's Name: _____

Telephone Number: _____
First Middle Last
 Date of Birth: _____ SS #: _____

Other Occupants:

Name	Age	Relationship	Name	Age	Relationship

Present Address: _____

Own or Rent? _____
Street Apt# City State Zip
 Dates: From _____ to _____ Monthly Payment: \$ _____

Apartment Name or Mortgage Company Name: _____

Landlord's Name and Telephone #: _____

Reason for moving? _____

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

If yes, please explain: _____

EMPLOYMENT/INCOME

Monthly Income:

Employer's Name: _____

Address: _____ Telephone: _____

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

Retirement Income: *(Gross Monthly Income)*

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

RESIDENTIAL HISTORY

CREDIT

Credit History:

Checking Account #: _____ Bank Name and Address: _____

Savings Account #: _____ Bank Name and Address: _____

Credit Cards:

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

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

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

Do you or the co-occupant own a car? _____ Yes _____ No

If yes, please list vehicles:

Year and Make	Color	License Plate and State
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Year and Make	Color	License Plate and State
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Applicant's Driver's License #: _____

Co-Occupant's Driver's License#: _____

VEHICLE

EMERGENCY/ETC.

Have you or the co-occupant ever been convicted or a felony? _____ Yes _____ No

If yes, please explain: _____

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

Name	Address	City	State	Zip
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Relationship: _____ Home Telephone: _____ Work 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(s) 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 (s). Credit history(s) will be used to qualify the applicant(s) as well as to collect outstanding debt at termination, if necessary. Applicant(s) acknowledges that false information herein may constitute grounds for rejection of the application, termination of occupancy and may constitute a criminal offense 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 permission to obtain a credit history.

Applicant's Signature: _____

Date

Print Name: _____

Applicant's Signature: _____

Date

Print Name: _____

Owner/Management Agent Signature: _____

Date

Print Name: _____