



White Rock Senior Living Community  
6 Bow Ctr Rd  
Bow, NH 03304  
Tel: (603) 724-6251  
Fax: (603) 724-6252

*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

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### PERSONAL INFORMATION

**Applicant's Name:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
SS # \_\_\_\_\_

**Co-Applicant's Name:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
SS # \_\_\_\_\_

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### 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: \_\_\_\_\_

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### EMPLOYMENT/INCOME

**Employer's Name:** \_\_\_\_\_

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

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

Retirement Income (Gross Monthly Income)

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

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### 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 \_\_\_\_\_