

**PARKWOOD & PARK PLACE APARTMENTS**

681 Park Avenue

Keene, NH 03431

(603) 352 - 0911 Fax (603) 358 - 5574

Web Site: [www.parkwoodparkplace.com](http://www.parkwoodparkplace.com)

Email: [parkwoodparkplace@gmail.com](mailto:parkwoodparkplace@gmail.com)

DATE OF APPLICATION: \_\_\_\_\_

APPLYING FOR: (CHECK ONE) PARKWOOD \_\_\_\_\_ PARK PLACE \_\_\_\_\_ EITHER \_\_\_\_\_

FULL NAME (Including M.I. and Jr., Sr., III, etc.): \_\_\_\_\_

MAIDEN NAME (If applicable): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

S.S. #: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

PHONE - DAYS: \_\_\_\_\_ EVENINGS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS:  
\_\_\_\_\_

**RENTING HISTORY OR HOME OWNERSHIP HISTORY**

PLEASE CHECK ONE: RENT \_\_\_\_\_ OWN \_\_\_\_\_

PRESENT ADDRESS:  
\_\_\_\_\_

LANDLORD'S NAME AND PHONE# IF APPLICABLE:  
\_\_\_\_\_

RENT AMOUNT \$\$: \_\_\_\_\_ (WK/ MO) LENGTH OF RESIDENCE: \_\_\_\_\_ (YEARS/MONTHS)

REASON FOR MOVING: \_\_\_\_\_

**ALSO LIST PREVIOUS ADDRESS IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS LESS THAN 10 YEARS.**

1. PREVIOUS ADDRESS: \_\_\_\_\_

LANDLORD'S NAME AND PHONE #: \_\_\_\_\_

LENGTH OF RESIDENCE: \_\_\_\_\_ (YEARS/MONTHS)

REASON FOR MOVING: \_\_\_\_\_

2. PREVIOUS ADDRESS: \_\_\_\_\_

LANDLORD'S NAME AND PHONE #: \_\_\_\_\_

LENGTH OF RESIDENCE: \_\_\_\_\_ (YEARS/MONTHS)

REASON FOR MOVING: \_\_\_\_\_

**WORK HISTORY – IF RETIRED, PLEASE SPECIFY AND LIST SOURCES OF INCOME AND AMOUNT**

EMPLOYER - NAME: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ SALARY \$: \_\_\_\_\_ (WEEK/MONTH)

OTHER INCOME SOURCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ (WEEK/MONTH)

**PREVIOUS EMPLOYER:**

ADDRESS: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ SALARY \$: \_\_\_\_\_ (WEEK/MONTH)

**PERSONAL REFERENCES**

1. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE:**

**PHOTO ID**

Type of ID		
Name		
Address		
City	State:	Zip
DOB	License #	
SS#		
Date Issued		

OTHERS TO OCCUPY THE APARTMENT:

NAME	S.S. #	DATE OF BIRTH	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN EVICTED OR ASKED TO LEAVE?: \_\_\_\_\_ (No/Yes)

IF YES, WHY? \_\_\_\_\_

NUMBER OF VEHICLES: \_\_\_\_\_ MAKE & MODEL/YEAR: \_\_\_\_\_

REGISTRATION STATE AND PLATE NUMBERS: \_\_\_\_\_

**\*\*I / WE UNDERSTAND THAT PETS ARE NOT ALLOWED:**

**\*\*\* I/ WE UNDERSTAND THAT ONCE A SECURITY DEPOSIT IS REMITTED FOR A PARTICULAR UNIT, THAT SECURITY DEPOSIT WILL NOT BE RETURNED IF I/ WE DECIDE NOT TO TAKE THE UNIT.**

\_\_\_\_\_  
Signature Date

# Parkwood & Park Place Apartments



681 Park Avenue, Keene, NH 03431

Phone: 603-352-0911

Fax: 603-358-5574

**The undersigned authorizes that:**

Credit reports can be obtained from any consumer reporting agency, verification of my rental history be obtained from landlords, property management companies, or any other sources, employment verification and history be obtained from present and past employers, and references be obtained from any source which would attest to my credibility, suitability and worthiness to rent a housing accommodation. The undersigned also warrants and represents that all statements herein are true. Any false or misleading information on this application may result in immediate termination of the lease. Applicant understands and agrees that the application may be rejected at any time, even after the initial approval, until the lease is signed.

Applicant's Legal Signature: \_\_\_\_\_

Date: \_\_\_\_\_