

Amherst Gardens, LLC

7D Taggart Drive
Nashua, NH 03060
Tel: 603-888-8950
Fax: 603-888-8951

Rental Application Requirements for New Residents

Please be advised that prior to the sale of a residence at Amherst Gardens in Amherst, NH, we must approve the Buyer and all prospective residents through our own application process; this must be done prior to change of residency. Following is a checklist of the requirements for approval, which must be mailed to us with original signatures:

1. The Rental Application filled out in its entirety
2. A copy of the Drivers License for all applicants
3. Current copy of a pay stub or other proof of income
4. Processing Fee: \$40 per applicant
5. Signed Rules & Regulations, signature page only
6. A draft Warranty Deed from an Attorney for our review
7. We must complete an exterior inspection of the home and may require repairs prior to approval.

We must receive items 1 through 5 and the proper processing fee before an application will be processed. If the applicants are approved, we will need items 6 and 7 before we complete a Park Approval Form. The new residents are not approved to live in the community until we sign the Park Approval Form.

We require a minimum of five (5) days notice prior to closing to arrange for an Amherst Gardens owner's signature on the Original deed.

Thank you for your cooperation,

Management

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RENTAL APPLICATION

Thank you for your interest in our community. Please complete **all** requested information on both pages of the form.
Applications can be mailed or faxed to our Nashua office.

Property Address	<u>464 Boston Post Road, Lot #</u>	<u>,</u>	<u>Amherst, NH 03031</u>
Desired Date of Occupancy	_____		

PERSONAL INFORMATION

Applicants Full Name _____

Date Of Birth _____ Social Security Number _____

Name Of Other Residents/Co-Applciant:

Name	Relationship	D.O.B.	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESIDENCE HISTORY

Present Address: _____ City _____ State _____ Zip Code _____

Telephone: _____ Length of Time at Address: _____

Amount of Rent: _____ Reason for Moving: _____

Landlord Name: _____ Telephone: _____

Previous Address: _____ City _____ State _____ Zip Code _____

Length of Time At Address: _____ Amount Of Rent: _____

Landlord Name: _____ Telephone: _____

Reason For Moving: _____

EMPLOYMENT INFORMATION

Employed By: _____ How Long: _____

Address: _____ Telephone: _____

Supervisor: _____

Co-Residents Employer: _____ How Long: _____

Address: _____ Telephone: _____

Supervisor: _____

OTHER INFORMATION

Number Of Automobiles:_____ Driver's License #_____

Co-Resident Driver's License #_____

Make:_____ Year:_____ Color:_____ Plate No._____ (Resident)

Make:_____ Year:_____ Color:_____ Plate No._____ (Co-Resident)

***Total Monthly Household Income:** _____

If there are other sources of income that you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support, or spouse's annual income unless you would like us to consider it in this application.

Amount \$ _____ per _____ Source _____ Telephone _____

Amount \$ _____ per _____ Source _____ Telephone _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes ___ No ___
 Been evicted or asked to move out? Yes ___ No ___ Broken a Rental Agreement or Lease? Yes ___ No ___
 Been sued for damage to rental property? Yes ___ No ___ Declared Bankruptcy? Yes ___ No ___

Other Remarks/Comments: _____

In Case Of Emergency, Notify: _____

I/WE have read the foregoing and certify that the information herein submitted by me/us is true and correct, and that this residential application is submitted for the purpose of helping the approval of this application in my/our behalf. Subject to the above, agent agrees to process this application, make searches and investigations, and credit check. I/we authorize the agent for this community complex to verify all the above information.

Applicants Signature

Date

Co-Applicants Signature

Date

Reference Verification	Remarks FOR OFFICE USE ONLY
<input type="checkbox"/> Present Landlord _____	
<input type="checkbox"/> Previous Landlord: _____	
<input type="checkbox"/> Employment: _____	
<input type="checkbox"/> Bank _____	<input type="checkbox"/> Credit #1 _____
<input type="checkbox"/> Credit #2 _____	<input type="checkbox"/> Credit #3 _____
<input type="checkbox"/> Other _____	

Date: _____ Approved: _____ Not Approved: _____

By: _____ Move In Date: _____