

Arcadia

Apartments

120 EMERALD STREET | KEENE, NH 03431

RENTAL APPLICATION

FOR OFFICE USE ONLY

DATE _____

LEASING REP: _____

Please complete all requested information on the front and back of this form and submit to our office, along with the security deposit and \$70.00 application fee (per applicant). Thank you for your interest in our apartments.

* Date of Application ____/____/____ * Desired Date of Occupancy: Aug Other: ____ Floor plan Pref: #BR: ____

* PERSONAL INFORMATION (important contact information - please complete all fields)

APPLICANT'S FULL NAME _____ Date of Birth _____
 Phone/Cell (_____) _____ Phone/Home (_____) _____
 Social Security No: _____ E-mail Address: _____
 Driver's License #: _____ State: _____
 Vehicle Info: Make _____ Model _____ Year _____ License Place # _____
 School Attending: _____ Major _____ Classification (Fall) FR SO JR SR Grad

* RESIDENCE HISTORY (transfers complete current address info only)

PERMANENT/PARENT ADDRESS _____ Apt# _____ City _____ State _____ Zip _____
 Month & Year Moved In _____
 CURRENT ADDRESS _____ Apt# _____ City _____ State _____ Zip _____
 Month & Year Moved In _____ Moving Out _____ Reason for Leaving _____

GUARANTOR INFORMATION

Name _____
 Last Name _____ First Name _____ MI _____ Social Security or Tax ID # _____
 Address _____
 Street _____ City _____ State _____ Zip Code _____ Years at Address _____
 Driver's License #: _____ State: _____ Annual Income _____
 Relationship to Applicant _____ Email Address _____
 Phone: Home _____ Cell _____ Work _____ Date of Birth _____

ADDITIONAL INFORMATION

Where did you first see or hear about us?

- University (please specify school) _____ Website (please specify site) _____
 Advertisement (please specify type) _____ Referral (please specify name) _____
 Other (please specify) _____ Off Campus Housing Services _____

If you visited our website, how were you initially directed to it? _____

What is the most important reason you chose this community? _____



OTHER INFORMATION

Same as Guarantor

IN CASE OF EMERGENCY, NOTIFY: _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Email _____

In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact can remove your property from your unit or the common areas.

I hereby deposit \$ _____ as earnest money to be refunded if this application is not accepted. Deposit checks will be cashed immediately upon receipt. I understand that in the event no verifiable rental history is available or is insufficient, I may be required to increase my deposit. Once approved, I agree to execute a lease before possession is given. If a lease is NOT signed, the deposit will be withheld as damages. Upon the signing of the lease, this earnest money deposit shall be retained as the security deposit. A \$70.00 application fee must be paid separately for new residents.

*Please make checks payable to 120 Emerald Street, LLC. and
mail to Arcadia Apartments, 120 Emerald Street | Keene, NH 03431.*

I declare that this application is complete, true and correct and I give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement. I further authorize Management or their authorized agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of the application or Management may, at any time immediately terminate any agreement entered into in reliance upon misinformation given on this application.

APPLICANT'S SIGNATURE _____ **DATE** _____

GUARANTOR'S SIGNATURE _____ **DATE** _____

Roommate Name: _____ **SSN#** _____ **DOB:** _____

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Roommate Name: _____ **SSN#** _____ **DOB:** _____

APPLICATION DECISION: APPROVED _____ CONDITIONAL _____ Additional Deposit Required _____

DENIED _____ Reason: Criminal _____ Credit _____

By _____ Date _____

Applicant Notified by (Name) _____ Date Notified _____

Notified by: Telephone In Person Letter Fax

