



RENTAL APPLICATION

Wellington Terrace Apartments
 80 Wellington Terrace Drive
 Manchester, NH 03104
 Tel 603.668.3777 Fax 603.622.0800
 info@wellington-terrace.com
 www.wellington-terrace.com

**PLEASE PRINT CLEARLY. ALL SECTIONS MUST BE COMPLETED FOR PROMPT PROCESSING.
 INDIVIDUAL APPLICATIONS REQUIRED FROM EACH OCCUPANT 18 YEARS OR OLDER.**

Date Needed	Spoke With
Unit Size / Type	
<input type="checkbox"/> 1 BR Garden	<input type="checkbox"/> 2 BR Townhouse
<input type="checkbox"/> 1 BR Deluxe	<input type="checkbox"/> 3 BR Townhouse
<input type="checkbox"/> 2 BR Garden	Unit _____
Where Did You Hear About Us?	

General Information

Last Name		First Name		Middle Name		Social Sec #		- -	
Date of Birth / /		Driver's Licence #		State		Cell Phone () -		Home Phone () -	
Current Address		Apt #		City		State		Zip	
Date In (Mo./Yr.) / /		Date Out (Mo./Yr.) / /		Reason For Moving		Rent (\$/mo)		Gas/Oil (\$/mo) \$	
Landlord Name		Landlord Address		Landlord Phone () -		Electricity (\$/mo) \$			
Previous Address		Apt #		City		State		Zip	
Date In (Mo./Yr.) / /		Date Out (Mo./Yr.) / /		Reason For Moving		Rent (\$/mo) \$		Gas/Oil (\$/mo) \$	
Landlord Name		Landlord Address		Landlord Phone () -		Electricity (\$/mo) \$			

Employment / Income

Current Employer		Position		Employed Since		Gross Salary \$	
Employer Address		City		State		Zip	
Phone () -							
Previous Employer		Position		Employed From (Mo./Yr.) / / TO / /		Gross Salary \$	
Employer Address		City		State		Zip	
Phone () -							
Previous Employer		Position		Employed From (Mo./Yr.) / / TO / /		Gross Salary \$	
Employer Address		City		State		Zip	
Phone () -							
Other Income Source		Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		Other Income Source	
Subsidy Agency		Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		Subsidy Agency	
						Amount \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

Personal

PERSONAL REFERENCES

Name	Phone () -	Relationship
Name	Phone () -	Relationship
Name	Phone () -	Relationship

APPROVED OCCUPANTS

List NAME AND RELATIONSHIP ONLY for persons applying jointly for the apartment. List ALL INFORMATION for minors on PRIMARY APPLICATION only.

Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SSN - -	Relationship
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SSN - -	Relationship
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SSN - -	Relationship
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SSN - -	Relationship
Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	SSN - -	Relationship

Do you own any pets? Y N. List pet types and qty. # of vehicles you own

Financial / Legal

USE BELOW OR REVERSE SIDE IF MORE SPACE NEEDED

Payments Alimony: \$	Child Support \$	Other \$
Judgments or Lawsuits <input type="checkbox"/> Y <input type="checkbox"/> N.	Explain	
Have you ever filed bankruptcy? <input type="checkbox"/> Y <input type="checkbox"/> N.	Explain	
Have you ever been evicted? <input type="checkbox"/> Y <input type="checkbox"/> N.	When	
Have you established credit using any other name? <input type="checkbox"/> Y <input type="checkbox"/> N.	Name	
Do you have a checking account? <input type="checkbox"/> Y <input type="checkbox"/> N.	Bank Years	
Do you have a savings account? <input type="checkbox"/> Y <input type="checkbox"/> N.	Bank Years	
Explain (cont)		

Certification

I hereby certify that all information in this application is true to the best of my knowledge and that I understand that false statement or information are punishable by law and will lead to cancellation or termination of tenancy after occupancy.

Print Name _____ Signature _____ Dated _____

Authorization

I hereby authorize W.R.P Properties, LLC and its staff or authorized representatives to contact any agencies, offices, groups, or organizations to obtain & verify any information or materials which are deemed necessary to complete my application for housing at Wellington Terrace Apartments managed by Madison Properties. I also realize that this application is good for only six months and that I will have to contact the resident manager at the end of six months to bring information up to date and also give notice that I am still available for an apartment. If I fail to do so, I understand that my name will be dropped from the waiting list.

****PLEASE READ & SIGN REVERSE SIDE-->**

Print Name _____ Signature _____ Dated _____

