

PELOQUIN PROPERTY MANAGEMENT
161 RIVER ROAD, MANCHESTER NH 03104

OFFICE HOURS: 8:30 A.M. – 5:00 P.M.

RENTAL INQUIRIES (603)622-6644 *APPLICATION INQUIRIES (603)625-5115, ext 110 *FAX (603)625-5171

APPLICATION FEE(S) ARE **NON-REFUNDABLE** AND ARE PAYABLE VIA CASH OR MONEY ORDER ONLY!

EACH INDIVIDUAL, 18 YEARS OR OLDER IS **REQUIRED** TO COMPLETE AN APPLICATION

APPLICATION FEE(S) - \$25.00*, 1ST APPLICANT, \$15.00* EACH ADDITIONAL APPLICANT/CO-SIGNER

*APPLICATION FEE FOR PROPERTIES REQUIRING A CREDIT REPORT IS \$30.00 PER APPLICANT

**AT THE PROPERTY MANAGEMENT'S/OWNER'S DISCRETION, SOME RENTAL UNITS MAY REQUIRE A CREDIT REPORT*
IF YOUR APPLICATION IS APPROVED, THE SECURITY DEPOSIT MUST BE PAID IN FULL PRIOR TO MOVE-IN*

peloquinmgt@yahoo.com ~ www.peloquinpm.com

RENTAL APPLICATION

Thank-you for your inquiry! Please print clearly, complete **all** information requested and return this form to our office.

REQUIREMENTS

MINIMUM 1 YEAR VERIFIABLE EMPLOYMENT AND LANDLORD REFERENCES, COPY OF PHOTO ID FOR EACH APPLICANT

PROOF OF INCOME REQUIRED AS DETAILED BELOW:

CURRENT PAY STUB COPY, STATEMENTS/DOCUMENTATION OF OTHER INCOME: SSI, AFDC, FOOD STAMPS, COURT ORDERED CHILD SUPPORT, ETC

PLEASE CIRCLE ONE: PRIMARY APPLICANT CO-APPLICANT CO-SIGNER

DESIRED PROPERTY: _____ MOVE-IN DATE _____

RENT AMOUNT _____ WK/MO / UTILITIES INCLUDED: HEAT HOT WATER ELECT NONE #BDRMS _____
circle one circle any/all applicable

FULL NAME: _____
LAST MIDDLE INITIAL FIRST MAIDEN

SS #: _____ - _____ - _____ DATE OF BIRTH: _____ DRIVER'S LICENSE #: _____ STATE: _____

EMAIL ADDRESS: _____

CURRENT ADDRESS: _____
STREET ADDRESS APT# CITY STATE ZIP

TELEPHONE # HOME: _____ WORK: _____ CELL: _____

HOW LONG: _____ YEARS _____ MONTHS / RENT AMOUNT _____ by WK or MO (pls circle one)

UTILITIES INCL: _____ HEAT _____ HW _____ ELECT _____ NONE LEASE EXPIRATION DATE _____

REASON FOR MOVING: _____

NAME OF LANDLORD (OWNER): _____ ADDRESS: _____

ANY RELATION TO YOU? (circle as applicable) YES / NO - PARENT / SIBLING / OTHER RELATIVE / FRIEND

LANDLORD TELEPHONE #: _____ BEST TIME TO CONTACT: _____
HOME WORK

PREVIOUS ADDRESS: _____
STREET ADDRESS APT# CITY STATE ZIP

TELEPHONE # HOME: _____ WORK: _____ CELL: _____

HOW LONG: _____ YEARS _____ MONTHS / RENT AMOUNT _____ by WK or MO (pls circle one)

UTILITIES INCL: _____ HEAT _____ HW _____ ELECT _____ NONE LEASE EXPIRATION DATE _____

REASON FOR MOVING: _____

NAME OF LANDLORD (OWNER): _____ ADDRESS: _____

ANY RELATION TO YOU? (circle as applicable) YES / NO - PARENT / SIBLING / OTHER RELATIVE / FRIEND

LANDLORD TELEPHONE #: _____ BEST TIME TO CONTACT: _____
HOME WORK

EMERGENCY CONTACT INFORMATION (required)

NAME: _____ RELATIONSHIP _____ TELEPHONE # _____

ADDRESS _____
STREET ADDRESS APT# CITY STATE ZIP

