

The Grand Estate at Londonderry 2 Golen Drive, Londonderry, NH 03053

2 Golen Drive, Londonderry, NH 03053 (603) 404-2151

RESIDENT APPLICATION

| Name: | | | |
|--|-----------------------------------|------------------------------|------------------------|
| Address: | | | |
| City/State/ZIP: | | | |
| Phone Number: | | | |
| Email Address: | | | |
| Name of all occupants | Social Security # | Date of Birth | Relationship |
| | occidi occidi icy ii | | пенанення |
| | | | |
| | | | |
| L | gage company: | | |
| Phone Number: | Address: | | |
| Place list your provious landlard: | | | |
| Please list your previous landlord: Phone Number: | | | |
| none ramber. | | | |
| Please list an emergency contact (friend/ | /relative): | | |
| Check your preferences for an apartmen | t (check all that apply): | | |
| 1 Bedroom2 Bedroom | PetGarage1 st I | Floor2 nd Floor _ | 3 rd Floor |
| Please list your income sources (income m | ust be verified by presentation o | f pay stubs, statements and, | or financial reports): |
| Source of income | | \$ | /month |
| Source of income | \$ | /month | |
| Source of income | | \$ | /month |
| If you wish to present assets to support | income sources, please list | here: | |
| Bank or Financial Institution | | Cash Value | As of Date |
| Bank or Financial Institution | | Cash Value | As of Date |
| Bank or Financial Institution | | Cash Value | As of Date |

The Grand Estate at Londonderry RESIDENT APPLICATION, CONTINUED

| List any person(s) or agencies that may guarantee or subsi | dize your rental pa | yment: | |
|---|----------------------------|----------------|-----------------|
| Have you declared bankruptcy in the past seven years? Have you ever been convicted of a felony? | Yes Yes | No | |
| Have you ever been evicted from a residence? List any negative credit or criminal record that may appear | Yes r during a backgrou | | |
| Are you or any family member listed as a sex offender? How did you initially hear about our community? | | | |
| Do you require the features of a fully accessible unit as car Do you require modifications or accommodations to the u | n be verified by a p | hysician? | |
| | A | Dodino | Initiala |
| Leasing now, no hold fee required | <u>Accept</u> | <u>Decline</u> | <u>Initials</u> |
| Pre-qualifying, no hold fee required | | | |
| Holding Unit #, hold fee required | | | |
| Hold for later date:, hold fee requ | uired | | |

Applicant Certification:

This application will be used for the purpose of determining your eligibility to reside in The Grand Estate at Londonderry, 2 Golen Drive, Londonderry, NH. Please complete all requested information in order that we may process the application as quickly as possible. Blank, false or misleading information could result in declination of housing or refusal by the landlord to consider this application. The Grand Estate at Londonderry and Calamar Industries is an Equal Opportunity Housing Provider, without discrimination against race, color, religion, creed, national origin, familial status, sex or disability. Information provided and discovered will remain confidential and will not be sold or given to others, but is subject to review by auditors. If this application is placed on a waiting list, it is considered on the basis of first come, first served and that an offer for an apartment may be given by the owner with less than thirty days notice. The Grand Estate at Londonderry is occupancy restricted for applicants in which the Head of Household or Co-Head is 55 years of age or older at the time of application. The qualifying member must be 55 years of age at the time of application in order to be placed on a waiting list.

By signing and/or submitting this application, I/we authorize the landlord to verify all information provided, to contact present and previous landlords and other sources and to conduct credit and criminal history investigation through reporting agencies available to Calamar and management of The Grand Estate at Londonderry.

The Grand Estate at Londonderry RESIDENT APPLICATION, CONTINUED

| Head of Household | Date |
|--|----------------------|
| Co-Head of Household/Spouse | Date |
| Management Agent Signature For Office Use Only: | Date & Time Received |
| Application fee: Ck. #: Marketing Source: | |
| Application Approved: Declined: Date: Unit Assigned: Move-In Date: | |
| Hold Fee Accepted: Ck. #: | |

Mail or Email Applications to:

The Grand Estate at Londonderry 2 Golen Drive Londonderry, NH 03053

Email: managerlondonderry@calamar.com



CMG-3-F003-RM16A-REV08022016 Page 3