



RENTAL APPLICATION

Wellington Terrace Apartments

80 Wellington Terrace Drive

Manchester, NH 03104

Tel 603.668.3777 Fax 603.622.0866

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 () -		
C U R R E N T	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 () -					
	Previous Address		Apt #		City		State		Zip	
P R E V I O U S	Date In (Mo./Yr.) / /		Date Out (Mo./Yr.) / /		Reason For Moving		Rent (\$/mo) \$		Gas/Oil (\$/mo) \$	
	Landlord Name		Landlord Address		Landlord Phone () -					
	Previous Address		Apt #		City		State		Zip	
	Date In (Mo./Yr.) / /		Date Out (Mo./Yr.) / /		Reason For Moving		Rent (\$/mo) \$		Gas/Oil (\$/mo) \$	

Employment / Income

C U R R	Current Employer		Position		Employed Since		Gross Salary \$	
	Employer Address		City		State		Zip	
P R E V 1	Previous Employer		Position		Employed From (Mo./Yr.) / / TO / /		Gross Salary \$	
	Employer Address		City		State		Zip	
P R E V 2	Previous Employer		Position		Employed From (Mo./Yr.) / / TO / /		Gross Salary \$	
	Employer Address		City		State		Zip	
O T H E R	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	

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? <input type="checkbox"/> Y <input type="checkbox"/> 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 _____

W.R.P PROPERTIES, LLC - LEASING GUIDELINES

EQUAL HOUSING

This Community does not discriminate on the basis of race, color, creed, religious affiliation, sex, age, familial status, disability, national origin, marital status, sexual orientation, or receipt of public assistance.

IDENTIFICATION

All visitors must present a valid driver's license or other photo identification in order to view the community

QUALIFYING STANDARDS

- Rental History:** Up to seven (7) years of rental history may be verified on present and previous residence. A positive record of prompt monthly payment, sufficient notice with no damages is expected. For applicants who are homeowners, permission must be granted to verify payment history with the bank or lending institution.
- Credit History:** An unsatisfactory credit report can disqualify an applicant from renting an apartment home at this community. An unsatisfactory credit report is one, which reflects past or current bad debts, late payments, or unpaid bills, liens, judgments or bankruptcies. If an applicant is rejected for poor credit history, the applicant will be given the name, address and telephone number of the credit-reporting agency that provided the credit report (but not to be told the content of the credit report). An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of the credit report from the credit-reporting agency, correct any erroneous information that may be on the report, and submit an application to this community.
- Falsifying Information:** By signing the application you are claiming that all information is true. If you knowingly give false or inadequate information, your application will be denied.
- Income:** Applicants must have a gross income source that can be verified and is at least two and a half (2.5) times the monthly rent of the apartment being leased. Acceptable income verification may include pay stubs received during the last month, signed employment verification on company letterhead, a w-2, or personal income tax return. Self-employed applicants will be required to supply the most recent tax return.
- Criminal History:** A criminal background check will be performed for each proposed occupant over the age of 18 and this application provides authorization for this check to be performed. The application will not be completed until all proposed occupants over the age of 18 have provided authorization for a criminal background check. An adverse history of criminal convictions or behavior involving drug related criminal activity, violence, destruction of property, or signify a threat to health or safety may result in the rejection of the application pursuant to the lessor's Criminal Background Check Policy.

OCCUPANCY & POLICIES

- Occupancy:** Lessee and lessor must comply with all local laws and regulations of the city's zoning and health departments pertaining to the maximum number of occupants that may reside in the apartment unit.
- Pet Policy:** Maximum 2 cats and 1 dog or 1 dog and 1 cat. We reserve the right to deny pets due to breed restrictions including but not limited to: Pit Bulls, Rottweilers, German Sheppards, Doberman Pinschers, Boxers, Chows, Great Danes, Husky, mixed breeds of restricted animals, and any dog over 35 pounds. Exceptions to the pet policy are made for tenants who require the assistance of a service animal due to a qualifying disabling condition under the Fair Housing Act. If you require the assistance of a service animal, a written request for reasonable accommodation should be submitted to the lessor.
- Parking:** One assigned parking lot space will be given to registered drivers per Unit. No more than two spaces can be guaranteed.

ACCEPTANCE

By signing below, I hereby agree to the terms, conditions, and guidelines that a decision will be based on set forth above.

Applicant _____ Date _____ Management Representative _____

Use the following space to provide any additional explanations or information for questions on reverse side
