

AVATAR PROPERTIES

163 Main Street., Suite 201
Salem, NH 03079

(603) 894-6300 (603) 912-5600

Name _____ S.S.N _____ - _____ - _____ D.O.B ____/____/____

Present Address _____ Phone _____

City _____ State _____ Zip Code _____ How Long _____ Mthly Rent _____

Present Landlord _____ Phone _____

Employer _____ Address _____ Phone: _____

Occupation _____ Length _____ Salary: _____

Co.-Resident _____ S.S.N _____ - _____ - _____ D.O.B. ____/____/____

Present Address _____ Phone: _____

City _____ State _____ Zip Code _____ How long _____

Employer _____ Address _____ Phone _____

Occupation _____ Length _____ Salary: _____

Type of Pet (if any) _____

Number of Adults _____ Names & Ages of Children _____

Make, Model & Year of Car(s) _____

Credit Reference _____

Checking _____ Saving _____ Loan _____ Credit Union _____

Reason for Moving _____

Read Carefully

I, the undersigned, understand that the monthly/weekly rent is due and payable on the first day of every month/week. Dogs and cats are not allowed without written consent. Subletting of this unit is not allowed.

I understand that I am obligated to give at least 30 days notice of my intention to vacate this unit. I agree to show prospective tenants this unit at the request of the owner or his agent.

I warrant the accuracy of the information given above and authorize the owner to verify any information given.

I understand that upon acceptance of my application there will be an \$28.00 processing fee charged which is non-refundable.

I understand that the owner is not in any way responsible for any utilities such as gas, heat electricity, telephone, etc..

Applicant: _____ Date _____