

METROPOLIS PROPERTY MANAGEMENT

RENTAL APPLICATION

OFFICE USE ONLY	
Property	
Unit	
Rent Amount	
Security	
Move In Date	

Return To: 1662 Elm Street
Manchester, NH 03101-2626
Phone: (603) 666-4518
Fax: (603) 644-3657

*Metropolis Property Management
does not discriminate on the basis of
race, color, religion, marital status, age,
or handicap/disability.*



I. HOUSEHOLD INFORMATION	Relationship to Head of Household	Social Security Number	Sex	Race	Full Time Student?	Age	Birth Date	Disabled or Handicapped?	U.S. Citizen?
Beginning with yourself, list the people who live with you: Important! List below the complete and full names of the people who will be living with you, including any children in temporary care. <i>First Name, Middle Name, Last Name, Jr., Sr., Maiden Name, and any Nicknames</i>	(sister/brother wife/daughter son/friend/ect.)		M or F	1 = White 2 = Black 3 = Am Ind./As 4 = Asian/PI 5 = Other	Yes/No	Yrs.	mm/dd/yyyy	Yes/No	Yes/No
<i>Head of Household/Primary Applicant</i>									
<i>Household Member 1</i>									
<i>Household Member 2</i>									
<i>Household Member 3</i>									
<i>Household Member 4</i>									
<i>Household Member 5</i>									
<i>Household Member 6</i>									

Is anyone in your household Pregnant? Yes ___ No ___ Due Date? _____ Who? _____

II. CURRENT RESIDENCY

Street Address _____ City _____ State _____ Zip _____
 Mailing Address (if different from above) _____ City _____ State _____ Zip _____
 Contact Information: Home _____ Work _____ Cell _____ Email _____
 Current Monthly Rent Amount \$ _____ Monthly amount of Utilities you pay (excluding phone & cable): \$ _____
 Date you Moved In: _____ Date Lease End: _____ Reason for Leaving: _____
 Landlord Name _____ Landlord Phone Number _____
 Emergency Contact: _____ Relationship: _____ Address: _____ Telephone: _____
If appropriate:
 Name of Caseworker or Counselor _____ Agency Name _____ Telephone _____

III. RESIDENCY - continued	Date Moved In	Date Moved Out	Landlord Name, Address, and Telephone Number <i>if you owned the home, indicate "owner"</i>	Public Housing?	Rent Amt.
List previous two addresses of applicant					

IV. EMPLOYMENT - List current and Previous Employers of Applicant Employer Name & Address	Job Title Position	Supervisor Name	Start of Employment	End of Employment	Hrs. per Week	Hourly/Annual Wage	Employer Telephone Number

VII. LICENSE & VEHICLES Name of household member with vehicle:	Driver's License or ID Number State Issued and Expiration Date	Vehicle Make/ Model / Year / License Plate Number

IX. MISCELLANEOUS

A. Have you or any members of your household ever been charged of a crime? Yes _____ No _____
 If Yes, List Charge(s) _____ Date Charged: _____ City/State: _____

B. Are you legally capable of entering into a lease agreement? Yes _____ No _____

C. Have you ever been evicted? Yes _____ No _____
 If Yes, explain: _____

D. Are you Displaced? Yes _____ No _____ If Yes, please explain (fire, private, or government auction, ect.): _____

E. Do you have any pets? Yes _____ No _____ If Yes, How Many and What Type? _____

F. If you are not 62 Years old, are you eligible for occupancy based on your status as an individual with handicaps or disabilities? Yes _____ No _____

G. Do you wish to have priority for an apartment with special design features for individuals with handicaps? Yes _____ No _____

F. Who Referred you to Metropolis Property Management? _____

PLEASE READ THE FOLLOWING CAREFULLY

*I do hereby certify that all the information provided in this housing application is complete and accurate to the best of my knowledge. **Authorization is granted to verify the information in this application.** I authorize any person, partnership, corporation, association, or governmental agency, possessing information on such matters to release such information to Metropolis Property Management Group, Inc., and I release and save harmless the respective respondent. I understand that a wage and benefit check may be made through the Department of Labor, Licensing and Regulation, and that a criminal background check may be conducted. Authorization is also granted to check with federally assisted housing agencies to determine if any debt is owed.*

I/We understand that I/We must pay a security deposit prior to occupancy. I/We certify that the housing I/We will occupy is/will be my/our permanent residence. I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or personal references, police record indicating unacceptable or criminal behavior, or poor personal interview. I/We certify that the information given in this application is true to the best of my/our knowledge. I/We understand that any false information is punishable by law and could be grounds for cancellation of this application or termination of residency after occupancy. I/We understand that security Deposits placed to place a hold on any unit are Non refundable after 48 Hours of Receipt. If my application is denied for any reason, I/We understand that our security deposit will be refunded in full by Metropolis Property Management Group, Inc.

Applicant Signature _____	Date _____	Each Person over 18 to reside in Unit is to complete separate application. \$20.00 Application Fee Due at Time of Application, Non-refundable Each Applicant must supply criminal background verification from Concord State Police located at 10 Hazen Drive in Concord, NH
Applicant Social Security # _____		

it is a criminal offense under Section 35(a) of the United States Criminal Code and punishable by up to 10 years imprisonment, \$10,000 fine, or both, to make false statements or representation to any department or agency of the United States as to any mat