

Application for Residency

General Admission

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

How long at this address? _____ Rent _____ Own _____ Do you have an automobile? Yes _____ No _____

Current or former occupation _____ Social Security Number _____

Medicare No. _____ Insurance No. _____

Date of Birth _____ Marital Status _____ Single _____ Married _____ Widowed _____ Divorced _____

Will an additional household member be occupying the unit with you? Yes _____ No _____ If yes, please provide

Name _____ Social Security Number _____

Medicare No. _____ Insurance No. _____

Date of Birth _____ Relationship to you _____

If you have leased housing in the past three years, please provide the following information for each location:

Landlord's Name _____ Landlord's Telephone _____

Landlord's Address _____ City _____ State _____ Zip _____

Address of the Rental Property _____ Dates _____

Landlord's Name _____ Landlord's Telephone _____

Landlord's Address _____ City _____ State _____ Zip _____

Address of the Rental Property _____ Dates _____

Are you or anyone in your household currently a full-time student, or planning to be a full-time student within The next 12 months? Yes _____ No _____ If so, who? _____

Have you or any one else named on this application filed bankruptcy?

Yes _____ No _____

Have you or any one else named on this application ever been convicted of a felony?

Yes _____ No _____

Have you or any one else named on this application ever been evicted from a rental unit?

Yes _____ No _____

Do you or any one else named on this application have a designated Power of Attorney?

Yes _____ No _____

Prospective Resident Financial Form

The Meetinghouse at Goffstown is required to certify the income and assets of each resident and conduct a review of your credit history. To complete this requirement, please provide the following information for each prospective resident.

Name (s) _____

Income

- ◆ Social Security \$ _____ per month
- ◆ Pension Payment Source (s) \$ _____ per month
- ◆ Interest and/or Dividend Source (s) \$ _____ per month
- ◆ Other Income Sources (s) \$ _____ per month

Assets

Have you or any member of your immediate household disposed of or given way asset(s) for LESS than fair market value within the past 2 years? ___ YES ___ NO if yes, please explain:

- ◆ Real Estate Owned \$ _____
Address _____
- ◆ Savings \$ _____
- ◆ Checking \$ _____
- ◆ Stocks and Bonds \$ _____
- ◆ Life Insurance Cash Value \$ _____
- ◆ Other Assets _____ \$ _____

I certify the above information is true to the best of my knowledge and I authorize the verification of all information provided in the admission process, including a review of my credit history.

Signature of Prospective Resident

Date

Meetinghouse at Goffstown

Resident Information

Name _____

Date: _____

Type of Apartment Desired

_____ One Bedroom

_____ Two Bedrooms

_____ First Floor

_____ Second Floor

_____ Third Floor

Any additional needs:
