



It is the policy of Finlay Management and affiliated communities to offer apartment homes without regard to race, color, national origin, religion, sex, familial status, or handicap. Finlay Management is committed to compliance with all federal, state and local fair housing laws.

Identification

All applicants 18 years of age or older must present a valid government issued photo identification. All persons 18 years of age or older must be a leaseholder.

Income/Employment

The total gross monthly income of all applicants must be 3 times the monthly market rent before any discounts or concessions. Employment and monthly income must be verifiable. Acceptable proof of income is as follows: most recent paycheck stubs equal to one month's pay, most recent year's tax return, job offer letter on company letterhead.

Rental History

Applicants must have a minimum one-year positive rental history. If applicant is a first time renter, we may require an additional deposit equivalent to one-month's rent.

Credit History

We obtain a credit report on each applicant. An unsatisfactory or insufficient finding will result in the requirement of an additional deposit, guarantor, or denial. Applicants are responsible for ensuring their credit history is accurate.

Criminal Background

We obtain a criminal background check on each applicant who will reside in the apartment. It is possible your application may be denied due to criminal convictions.

Guarantor

If a Guarantor is required the Guarantor must be a U.S citizen, have established credit, make at least 5x the monthly rent and provide proof of income.

Occupancy Guidelines

There is a maximum of two persons per bedroom with the exception of a child under 24 months of age, or unless otherwise dictated by local or state laws.

Tenant Liability Insurance

You are required to carry a minimum of \$100,000 Personal Liability Insurance coverage. To satisfy this requirement, you must provide evidence of insurance coverage at initial lease signing and maintain this coverage throughout the entire term of your residency. In addition, we require that you list our community as an "Interested Party," "Party of Interest," or similar language. Failure to provide proof of renter's insurance will result in automatic enrollment to our master policy resulting in a \$10 per month fee.

Animals

There is a maximum of two pets per apartment, exotic animals are prohibited and weight limits may apply. Restricted breeds are as follows:

- | | | |
|-------------------|-----------------------|-----------------|
| Akita | Doberman | Wolf Dog/Hybrid |
| American Bull Dog | Pit Bull Terrier | German Shepherd |
| Bullmastiff | Rottweiler | Siberian Husky |
| Chow Chow | Staffordshire Terrier | |





Mixed breeds of the dogs listed above are also restricted. Additional breed and weight restrictions may apply.

Acknowledgement

Applicant acknowledges and agrees that the criteria referenced above will be considered in the qualification process. Applicants who do not meet the requirements referenced above will be declined or be subject to additional requirements, including, but not limited to, additional fees, deposits, rent or providing a guarantor.

Applicant

Applicant

Applicant

Applicant

Finlay Management /Agent for Owner

Date



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:
