



Tom Demers Property Management, LLC
DBA Smith Street Apartments
 620 Walker Hill Road Lisbon, NH 03585
 Phone: (603) 838-5164

APARTMENT RENTAL APPLICATION

Type and Size of Apartment Wanted: _____
 Desired Date of Occupancy: _____

Personal Information

	Birthdate	SSN
Applicant's Full Name: _____	_____	_____
Co-Applicant's Full Name: _____	_____	_____
Other Occupants: _____	_____	_____
Applicant's Email: _____		
Applicant's Phone #: _____		
Co-Applicant's Email: _____		
Co-Applicant's Phone #: _____		
List all pets: _____		

Residence History (5 years)

Present Address: _____	Telephone #: _____	Length of Time at Present Address: _____
Present Landlord/Mortgage Holder: _____	Telephone #: _____	
Amount of Current Rent: \$ _____	Reason for Moving: _____	
Previous Address: _____	Telephone #: _____	Length of Time at Present Address: _____
Present Landlord/Mortgage Holder: _____	Telephone #: _____	
Amount of Current Rent: \$ _____	Reason for Moving: _____	
Previous Address: _____	Telephone #: _____	Length of Time at Present Address: _____
Present Landlord/Mortgage Holder: _____	Telephone #: _____	
Amount of Current Rent: \$ _____	Reason for Moving: _____	
Previous Address: _____	Telephone #: _____	Length of Time at Present Address: _____
Present Landlord/Mortgage Holder: _____	Telephone #: _____	
Amount of Current Rent: \$ _____	Reason for Moving: _____	

Employment Information

Applicant's Employer: _____	How Long? _____
Employer's Address: _____	Telephone #: _____
Position Held: _____	Supervisor: _____
If less than 2 years with this employer, please list name of previous employer, supervisor and telephone number: _____	
Co-Applicant's Employer: _____	How Long: _____
Employer's Address: _____	Telephone #: _____
Position Held: _____	Supervisor: _____
If less than 2 years with this employer, please list name of previous employer, supervisor and telephone number: _____	

Personal References

Name: _____	Telephone #: _____
Address: _____	
Name: _____	Telephone #: _____
Address: _____	

Other Information

Applicant's Driver's License #: _____	Issuing State: _____			
Co-Applicant's Driver's License #: _____	Issuing State: _____			
<u>List All Automobiles:</u>				
Make: _____	Year: _____	Color: _____	Registration #: _____	State: _____
Make: _____	Year: _____	Color: _____	Registration #: _____	State: _____
Household Income: \$ _____ per _____				
Other Remarks: _____				
In case of personal emergency, notify: _____ Telephone #: _____				
Address: _____ Relationship: _____				

APPLICANT'S CERTIFICATION: The applicant certifies that all statements herein are true and correct. By submitting this form, you authorize Tom Demers Property Management, LLC to contact any references given. Applicant understands that this form in no way promises or agrees as to occupancy, lease, or date of possession.

Applicant's Signature

Date

Co-Applicant's Signature

Date