



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: _____

Any Criminal Record/Felony/Sex Offender

Name: _____ Convicted Year: _____ Yes _____ No _____
 Reason/Situation: _____
 State of Conviction: _____ Arrest Location: _____

Other Information

Applicant's Driver's License #: _____ Issuing State: _____
 Co-Applicant's Driver's License #: _____ Issuing State: _____

List All Automobiles:
 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