

MYSTIC KNOLL APARTMENTS

APPLICATION PROCESSING

Thank you for choosing Metropolis Property Management Group Inc. to assist you in finding your new apartment. Below is a description of the application process and the associated fees.

The Application for consideration must be filled out completely. Every question, box or space must have an answer, checkmark or response.

THREE (3) SEPARATE FEES ARE DUE AT THE TIME OF APPLICATION:

PAYMENT/CHECK #1:

Application Fee to reimburse management for the cost of Credit Check and Landlord History Report \$25.00 One-time fee, non-refundable PER ADULT Payable to: <u>Metropolis Property Management Group, Inc.</u>

PAYMENT/CHECK #2: Criminal Background Check

\$25.00 PER ADULT OVER 18 OCCUPYING THE HOUSEHOLD, non-refundable Payable to: <u>State of New Hampshire</u>

PAYMENT/CHECK #3: Holding Fee – Applied towards total amount due for Security Deposit. Security Deposit held is equal to one month's rent.

\$500.00 Minimum, non-refundable after 48 hours (see Holding Fee agreement) Payable to: <u>Metropolis Property Management Group, Inc.</u>

PET FEE REQUIRED:

Per Cat: One Time Registration Fee \$25, plus \$25/month Per Dog: One Time Registration Fee \$100, plus \$50/month Pet registration fee due with the lease signing

Applicants will be required to provide evidence of renters insurance with liability coverage for those that are applying for an apartment where the household includes a dog.

No applications will be processed without payment in accordance with above. <mark>Please provide proof of income</mark> <mark>(pay stubs, SSI, etc.) with your application.</mark>

If you have any questions, please call 603.666.4518.



1662 Elm Street, Manchester, New Hampshire 03101 Office number: 603-666-4518 Fax Number: 603-644-3657 Website: www.metropolispmg.com

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OPPORTUNITY	

Receiving Office Use Only	Date
	Received:
Property Manager Name:	
Building - Unit:	
Bedrooms:	
Pet Fees Required	
Agreed Rent Amount:	
Holding Fee Amount:	

MYSTIC KNOLL APARTMENTS APPLICATION <u>PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS!</u>

Do not leave any space or blanks. Write "NO or N/A" where appropriate.

PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for <u>each</u> member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	Social Security #
1.				HEAD	
2.					
3.					
4.					
5.					
6.					
7.					
8.					

1. Please provide all current contact information for all Household member(s) 18 years or older:

Landlord Name When did you move in: Previous Address Landlord Name When did you move in: Previous Address Landlord Name Landlord Name	Rent/Month Landlord Address	/hen did you move Utilities/Month When did you move Utilities/Month	Reason for Leaving	Landlord Phone Landlord Phone Landlord Phone Landlord Phone
When did you move in: Previous Address Landlord Name When did you move in: Previous Address	Landlord Address	Utilities/Month	Reason for Leaving	Landlord Phone
When did you move in: Previous Address Landlord Name When did you move in:	Rent/Month	Utilities/Month	Reason for Leaving	
When did you move in: Previous Address Landlord Name	Rent/Month	Utilities/Month	Reason for Leaving	
When did you move in: Previous Address	Rent/Month	1		
When did you move in: Previous Address	Rent/Month	1		
When did you move in:	W	1		
		/hen did you move	out:	
Landlord Name	Landlord Address			Landlord Phone
Current Address	Rent/Month	Utilities/Month	Reason for Leaving	
2. Residence History: Current & Pr (Past 2 years residence includin	evious Landlords:			
PART	II- RENTAL HISTOR	RY - To be comp	leted by applicant	
Former name used		Current n	ame used	
If any member of the household has used Former name used	another name, please lis		en name, former name, ame used	etc)
Cell Phone	Home	phone		
Email Address:				
Current/Legal Address:				
Cell Phone	Home	phone		
Email Address:				
Culteril/Leyal Address.				
Current/Logal Address:	Home phone			
Cell Phone				

re you referred by an existing resident of	one of our properties? TES NO
Referring Name:	Referrer Address/Unit:
	Do we have permission to thank them for the referral? YES NO
lo, then how did you learn about this avai	lable unit? Please Circle
Metropolis Website	Craigslist
Rent.com	Facebook
Trulia	Twitter
Zillow	Other
Drove By Property	The Way Home
Newspaper	
Housing Authority - Please specify	

6. Do you have any pets? YES NO

Pets:	
Туре:	
How Many?	
Breed:	

Please Note:

Per Cat: One Time Registration Fee \$25, plus \$25/month

Per Dog: One Time Registration Fee \$100, plus \$50/month

The Registration Fee covers the cost of pet amenities which may be provided on the property.

PART III - EMPLOYMENT HISTORY - To be completed by applicant

7. Head's Current Employer:						
Date Hired:	Date terminated:		Superviso	r:		
Salary: \$	Circle One:	Annually	Weekly	Bi-Weekly	Monthly	
Employer Address:						
Address	City	Sta	ite Zip	Phone #:		
8. Head's Previous Employer:						
Date Hired:	Date terminated:		Superviso	or:		
Salary: \$	Circle One:	Annually	Weekly	Bi-Weekly	Monthly	
Employer Address:						
Address	City	Sta	ite Zip	Phone #:		
9. Spouse Current Employer:						
Date Hired:	Date terminated:		Superviso	r:		
Salary: \$	Circle One:	Annually	Weekly	Bi-Weekly	Monthly	
Employer Address:						
Address	City	Sta	ite Zip	Phone #:		
10. Other Applicant's Current Em	nlovor					
10. Other Applicant's Current Em Date Hired:	Date terminated:		Superviso	P ²		
Salary: \$	Circle One:	Annually	Weekly	". Bi-Weekly	Monthly	
Employer Address:	Circle Offe.	Annually	WEEKIY	DI-WEEKIY	wontiny	
Linpioyer Address.						
Address	City	State	e Zip	Phone #:		
Р	ART IV - OTHER - To b	e completed b	by applicant			
11. Do you have full custody of your	child (ren)? Explain the	e custody arra	angements:			Yes/ No
12. Would you or any members of yo	our household benefit f	rom a handica	apped-accessi	ble unit?		
If yes, explain:						Yes/No
13. Have you ever been evicted? If yes, explain:						Yes/ No
14. Have you filed for bankruptcy?						Yes/No
If yes, explain: 15. Have you ever been convicted of	a felony?					Yes/No
lf yes, explain:						100/110
16. Will your household be eligible o months? Explain:	r are you applying to re	eceive Sectior	n 8 rental assis	stance in the next	: 12	Yes/No

PART V - IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name/ Relationship	Address	Phone

PART VI - RESIDENT'S STATEMENT - To be completed by applicant

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 holding fee prior to occupancy. I/We understand that holding fee used to place a hold on any unit is Nonrefundable after 48 Hours of Receipt. ______ Initial Here 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 (i.e.: Felonies, Sexual Offenders, drug charges), or poor personal interview. If my/our application is denied, I/We understand that our holding fee will be refunded in full by Metropolis Property Management Group Inc, I/We acknowledge that application to this property requires full disclosure of all income, employment, and assets to include, but are not limited to, Tax Fillings, Pay check stubs, and Account Statements. Failure to provide the necessary information upon request will result in forfeiture of any holding fee.

I/We hereby certify that I/We do not and will not maintain a separate, subsidized rental unit in another location. I/We understand that I/We must pay a holding fee prior to occupancy. I/We certify that the housing I/We will occupy is/will be my/our permanent residence. I/We understand that eligibility for housing will be based on either the Rural Economics or Community Development Agency or the Department of Housing and Urban Development's eligibility criteria. 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.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head)	Date	
Applicant Signature (Co-Head)	Date	
Other Applicant Signature (Over 18 years of Age)	Date	
Other Applicant Signature (Over 18 years of Age)	Date	

Did anyone help and assist you in filling out this application?	Yes/No
	- Date
Signature	
	- Date
Signature of person who assisted with application and their relationship to applicant	
Reason for the assistance:	