



P. O. Box 7539
 Nashua, N.H. 03060-7539
 603-888-2242
 www.twinpondsnashua.com
 info@twinpondsnashua.com

RENTAL APPLICATION



- Which apartment are you applying for? The Courtyards (owned and operated by Brook Village North Associates Limited Partnership)
 The Fountains (owned and operated by Nashua Investors Limited Partnership)
 The Gardens (owned and operated by Nashua Investors Limited Partnership)
 The Summit (owned and operated by BVR 349, LLC)
 The Villas (owned and operated by Nashua Investors Limited Partnership)

Desired Move In Date _____ How did you hear about us? If referred, please provide full name _____

APPLICANT 1 A valid color photo ID must be submitted with application

Full Name _____ D/O/B _____ S.S. # _____
 Current Address _____ City/ST/Zip _____
 Cell Phone _____ E-mail Address _____ Time at Address _____
 Landlord/Mortgage Holder _____ Phone _____ Monthly Rent \$ _____
 Reason for Moving _____

Prior Address _____ City/ST/Zip Code _____
 Previous Landlord/Mortgage Holder _____ Phone _____ Monthly Rent \$ _____
 Reason for Moving _____ Time at Address _____

Vehicle Information (COMMERCIAL VEHICLES ARE PROHIBITED FROM THE PREMISES)
 Make _____ Model _____ Color _____ Year _____ Plate # and State _____

Will There Be Pets in Household? _____ If Yes, How Many and Type _____

EMPLOYMENT INFORMATION-Proof of income must be submitted with application (30 days' worth of paystubs, tax return, etc.)

Employed By _____ Phone _____ Position _____
 Address _____ City/ST/Zip _____
 Employment Length _____ Gross Income \$ _____ Per _____
 Supervisor _____ Phone _____
 Any Other Income Source? _____ If Yes, From Where? _____ How Much Per Week \$ _____

Emergency Contact Name (Other than a household member) _____ Phone _____
 Address _____ City/ST/Zip Code _____ Relation _____

Are all household members U.S. Citizens? _____
 I hereby make application for an apartment and certify that the information contained herein is accurate. Furthermore, I authorize First Equity Associates, Inc., on behalf of the owner(s) indicated to contact any and all references, to run a credit check and a criminal background check.
 Signature _____ Date _____

If more than one person will be occupying the apartment, please complete other side

APPLICANT 2 A valid color photo ID must be submitted with application

Full Name _____ D/O/B _____ S.S. # _____
Current Address _____ City/ST/Zip _____
Cell Phone _____ E-mail Address _____ Time at Address _____
Landlord/Mortgage Holder _____ Phone _____ Monthly Rent \$ _____
Reason for Moving _____

Prior Address _____ City/ST/Zip Code _____
Previous Landlord/Mortgage Holder _____ Phone _____ Monthly Rent \$ _____
Reason for Moving _____ Time at Address _____

Vehicle Information (COMMERCIAL VEHICLES ARE PROHIBITED FROM THE PREMISES)
Make _____ Model _____ Color _____ Year _____ Plate # and State _____

EMPLOYMENT INFORMATION Proof of income must be submitted with application (30 days' worth of paystubs, tax return, etc.)

Employed By _____ Phone _____ Position _____
Address _____ City/ST/Zip _____
Employment Length _____ Gross Income \$ _____ Per _____
Supervisor _____ Phone _____
Any Other Income Source? _____ If Yes, From Where? _____ How Much Per Week \$ _____

Emergency Contact Name (Other than a household member) _____ Phone _____
Address _____ City/ST/Zip Code _____ Relation _____

ADDITIONAL OCCUPANTS (Under 18 years of age)

Full Name _____ D/O/B _____ Relationship to Applicant _____
Full Name _____ D/O/B _____ Relationship to Applicant _____
Full Name _____ D/O/B _____ Relationship to Applicant _____
Full Name _____ D/O/B _____ Relationship to Applicant _____
Full Name _____ D/O/B _____ Relationship to Applicant _____

Are all household members U.S. Citizens? _____

I hereby make application for an apartment and certify that the information contained herein is accurate. Furthermore, I authorize First Equity Associates, Inc., on behalf of the owner(s) indicated to contact any and all references, to run a credit check and a criminal background check.

Signature _____ Date _____

FOR OFFICE USE ONLY-PLEASE DO NOT WRITE BELOW

Application Received By _____ # of Bedrooms Desired _____

Date Received _____ Date Application Received _____

