

E & J COOPER PROPERTIES

182 ROCKINGHAM RD
DERRY, NH 03038
(603) 432-3380 FAX (603) 434-8390

Application & Move In Requirements

I understand and agree to the following:

- A. All applications must be submitted for approval. A credit check, landlord reference and income verification will be required.
- B. An application fee of \$35 is due with the application. Fee can be paid via cash, check, or credit card.
- C. A Holding Deposit equal to 1 month's rent is due within 48 hours of acceptance of application. If applicant fails to execute a lease agreement, the Holding Deposit shall be retained by the Lessor as liquidated damages.
- D. Application may be dropped off at our office at 182 Rockingham Rd., Derry, NH. There is a rental drop box where you can leave it. Also, it can be faxed to 603-434-8390 or if a scanner is available you can email to erin@cooperrentals.com. Please remember that the application will not be processed until a the fee has been paid.
- E. All utilities (electric and gas) for the unit must be set up in your name prior to move in. The effective date of your account should be your move in date. Contact info will be sent to you upon approval of application. In most cases, there is also a bill for water/sewer usage. However, the water account remains in E&J Cooper Properties name. A bill will be sent to you quarterly.
- F. All lessees must sign the lease, and all balances due must be paid in full to receive keys on move-in day. Balances include First Month's Rent, a Pro Rate (if Applicable), and Security Deposit.
- G. Any change of move-in date must be approved by the property manager.
- H. Prior to move in, tenant must obtain and provide proof of renter's insurance coverage as outlined in the lease agreement.
- H. Please make all checks payable to **E&J Cooper Properties**.

Date: _____

Lessee: _____

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RENTAL APPLICATION

182 ROCKINGHAM RD

DERRY, NH 03038

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APPLICANT'S NAME		DESIRED OCCUPANCY DATE	SOC. SEC. NO.
PRESENT ADDRESS		CITY	STATE/ZIP
CELL	HOME	WORK	EMAIL
OWNER/MANAGEMENT CO.	PHONE NO.	MONTHLY RENT PAID	
LENGTH OF RESIDENCY	OWN HOME? YES <input type="checkbox"/> NO <input type="checkbox"/>		
PREVIOUS ADDRESS	CITY	STATE/ZIP	MONTHLY RENT PAID
OWNER/MANAGEMENT CO.	PHONE NO.	DATES OF RESIDENCY	
FULL NAME OF OTHER OCCUPANTS	SS#	DATE OF BIRTH	
1.	SS#	DATE OF BIRTH	
2.	SS#	DATE OF BIRTH	
3.	SS#	DATE OF BIRTH	
PRESENT EMPLOYER	BUSINESS PHONE NO	BUSINESS FAX NO	
BUSINESS ADDRESS	POSITION HELD	APPROX. INCOME	
SUPERVISOR	LENGTH OF EMPLOYMENT		
PREVIOUS OR OTHER EMPLOYER	BUSINESS PHONE NO.	LENGTH OF EMPLOYMENT	
SUPERVISOR	POSITION HELD	APPROX. INCOME	
OTHER INCOME \$	PLEASE DESCRIBE		
IN CASE OF EMERGENCY, CONTACT (Other than co-applicant)	RELATIONSHIP		
ADDRESS	CITY/STATE	PHONE NO.	
DO YOU OWN A PET? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE DESCRIBE			
DOES ANYONE IN YOUR HOUSEHOLD SMOKE? YES <input type="checkbox"/> NO <input type="checkbox"/>		IS APPLICANT CURRENTLY IN ANY BRANCH OF THE MILITARY SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER FILED BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/>		HAVE YOU EVER BEEN EVICTED FROM TENANCY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER WILLFULLY AND INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HOW DID YOU HEAR ABOUT US?	NEWSPAPER <input type="checkbox"/>	* DRIVING BY <input type="checkbox"/>	* INTERNET <input type="checkbox"/>
	* RESIDENT <input type="checkbox"/>	NAME/ADDRESS _____ * <input type="checkbox"/>	
Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?(e.g.-unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars). YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, you will be asked to complete a Request for Reasonable Accommodations.			

This Applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein. The Applicant hereby grants permission for E&J Cooper Properties to carry out necessary credit checks to verify the information contained in the application. Furthermore, applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records. Applicant agrees that the information set forth on the application is true and complete, and any misrepresentation on this application will constitute default under the lease or Rental Agreement between the parties. The holding deposit taken with this application, or any deposit taken hereafter, is to be applied to the Security Deposit. Security Deposit is to be held at Eastern Bank in Bedford, New Hampshire. If the applicant fails to execute a lease, then the holding deposit shall be retained by the owner as liquidated damages. However, the owner will refund the holding deposit if he rejects this application. A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and holding deposit are taken subject to previous applications and shall be acted upon within 10 days. Tenant has 5 days from date of walk-in to notify landlord of any additional items that should be listed on walk-in inspection sheet.

APPLICANT'S SIGNATURE _____

DATE _____

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Employment Verification

Below you will find a release signed by _____, allowing us access to any pertinent information that would be relative in considering them for our community.

I hereby authorize E & J COOPER PROPERTIES to contact present and previous employers to verify the information I have provided on the Rental Application.

Signature: _____

Date: _____

E&J COOPER PROPERTIES USE ONLY. PLEASE DO NOT WRITE BELOW LINE

Name of Employer: _____

Position Currently Held: _____

Length of Employment: _____

Approximate Annual Income: \$ _____

Employment Outlook: _____

Signature of Verifier: _____

Title of Verifier: _____

Date: _____

Thank you,
E. & J. COOPER PROPERTIES

Please fax back to (603) 434-8390

E & J COOPER PROPERTIES

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Landlord Verification

Below you will find a release signed by _____, allowing us access to any pertinent information that would be relative in considering him/her for our community.

I hereby authorize E & J COOPER PROPERTIES to contact present and previous landlords to verify the information I have provided on the Rental Application.

Signature: _____

Date: _____

E&J COOPER PROPERTIES USE ONLY. PLEASE DO NOT WRITE BELOW LINE

Current/Previous Address: _____

Length of time at above address? _____

Amount of Rent \$ _____

Condition of unit _____

How many times has resident paid late? _____

How many NSF's? _____

Is account in arrears? _____ If yes, how much? _____

Did resident give proper notice? _____

Any outstanding concerns? If yes, please explain _____

Would you re-rent? _____

Signature of Verifier: _____

Title of Verifier: _____ Date: _____

Thanks,
E. & J. COOPER PROPERTIES

PLEASE FAX BACK TO (603) 434-8390