



Rental Application Bowers Landing of Merrimack

Thank you for your interest in our community. Bowers Landing is located just minutes north of Nashua, NH. Luxury apartment living in a tranquil setting; the 16 acre hilltop location includes a natural preserve with walking trails, picnic area, swimming pool and a clubhouse with fitness center. Situated off of the Daniel Webster Highway only minutes from Route 3, we are pleased to offer you the following information about the community and application process. Once your application is completed you may email it to: bowerslanding@aptfin.com for consideration however, please mail or deliver the original signed application with your application fee.

Community Features:

- ❖ Gas Heat and water included in rent
- ❖ Elevator access
- ❖ Secured building access
- ❖ Ample parking for residents and guests
- ❖ In-unit washer and dryer
- ❖ Oversized closets
- ❖ Air conditioning
- ❖ Private Balcony
- ❖ Pet Friendly

Payment is accepted in cashiers/bank check, money order or personal check. Absolutely no cash is accepted.

Leases of six (6) months are offered at an additional \$100.00 per month.

Leases of three (3) months are offered at an additional \$200.00 per month.

Month to Month Leases are offered at an additional \$300.00 per month

Application Fee: \$20.00 per adult applicant or guarantor, this fee is non-refundable.

Security Deposit: The security deposit is equal to one month's rent and is payable as follows:
\$250 reservation is required two (2) days after your application is approved. This is non-refundable if you cancel your application. The remaining deposit is due at lease signing.

The Security deposit amount must be separate from your first month's rent

First Month's Rent: Due at lease signing/move in.

Carports: Available on a first come, first served basis for an additional monthly fee. Discounts are available for lease term commitments.

Late Fees: There is a fee of \$100 if payment is not received by the 6th of the month and an additional \$50 on the 10th of the month.





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Property Name:	Bowers Landing of Merrimack	Telephone:	1.603.424.7300
Address:	4 Bowers Landing Drive	TTD/TTY:	711 National Voice Relay
	Merrimack, NH 03054	Email:	bowerslanding@aptfin.com

UNIT SIZE/FEATURES: Please indicate unit size preferences below. You may choose more than one floor plan. Please indicate any necessary special features below.

Unit Size

<input type="checkbox"/> 1BR 690 sq. ft.
<input type="checkbox"/> 1BR w/ Den 765 sq. ft.
<input type="checkbox"/> 2BR/1B w/ Den 945 sq. ft.
<input type="checkbox"/> 2BR/2B 1005 sq. ft.
<input type="checkbox"/> 2BR/2B 1050 sq. ft.

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)

Applicant Name	
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How did you hear about us?	<input type="checkbox"/> Drive By <input type="checkbox"/> Craigslist <input type="checkbox"/> Resident Referral (list name) <input type="checkbox"/> Website <input type="checkbox"/> Other (specify)
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Current Address	
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Mailing address -if different	
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Home Phone	
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Cell Phone	
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Email address	<input type="checkbox"/> @gmail.com <input type="checkbox"/> @yahoo.com <input type="checkbox"/> @hotmail.com <input type="checkbox"/> @comcast.net <input type="checkbox"/> Other__
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Work Phone	May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Birth date	
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Social Security Number	
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This property is smoke free. <i>No smoking is allowed within 25 feet of any balcony, entrance, exit, window or vent of any building.</i> Do you agree that all household members and guests will abide by the Smoke Free Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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RENTAL HISTORY:

Current Landlord	
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Complete Address	
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Contact Name (if known)	
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Phone Number	
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Month/Year Moved In:	Month/Year Moved Out:
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Reason for leaving	
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Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you related to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IF so, please state relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(If less than five years at current landlord) Previous Landlord #1	
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Complete Address	
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Contact Name (if known)	
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Phone Number	
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Month/Year Moved In:	Month/Year Moved Out:
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Reason for leaving			
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you related to this landlord? IF so, please state relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Previous Landlord #2			
Complete Address			
Contact Name (if known)			
Phone Number			
Month/Year Moved In:	Month/Year Moved Out:		
Reason for leaving			
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you related to this landlord? IF so, please state relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

Please complete this section which provides information about other household members. This application must include information about everyone who will live in the unit.

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip this section.</i>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?		Adults	Minors		
Member # & Household member's full name					
2					
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Roommate					
SSN Over age 18 only		Date of Birth			

Member # & Household member's full name					
3					
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Roommate					
SSN Over age 18 only		Date of Birth			

Member # & Household member's full name					
4					
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Roommate					
SSN Over age 18 only		Date of Birth			

Employment:

Employer #1				
Complete Address				
Phone				
How much employment income do you earn per (check one) <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly or <input type="checkbox"/> Annually?				\$
OR: I earn \$ _____ Per Hour and I work _____ hours per week.				
Length of Employment?				





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Employer #2		
Complete Address		
Phone		
How much employment income do you earn per (check one) <input type="checkbox"/> week <input type="checkbox"/> bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly or <input type="checkbox"/> Annually?		\$
OR: I earn \$ _____ Per Hour and I work _____ hours per week.		
Length of Employment?		
Other Source of Income?		
<i>Make/ Model/Color/Plate # and state of all vehicles to be parked on the premises</i>		

YOUR RENTAL / CREDIT HISTORY - Have You or Any Occupant Listed Above, Ever:

- | | |
|---|--|
| <input type="checkbox"/> Been evicted or asked to move out? | <input type="checkbox"/> Broken a rental agreement or apartment lease? |
| <input type="checkbox"/> Declared bankruptcy? | <input type="checkbox"/> Been sued for nonpayment of rent? |
| <input type="checkbox"/> Been sued for damage to rental property? | |

Will you or any other occupant have a pet? -Yes -No

There is a non-refundable pet deposit of \$100 per cat and \$200 per dog and an additional pet rent monthly per animal. (There are breed restrictions per our insurer but no size restrictions) *The fee/rent is subject to change at any time and will be disclosed at lease signing.*

Emergency Contact:

Name: _____ Phone: _____

Address: _____ Email: _____

In the event of serious illness, death, or other circumstances that would make the adult household members unavailable the emergency contact may remove your belongings from your unit or common areas.

At anytime you may update, change or reassign an emergency contact by notifying the management office in writing.

The 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 herein. A breach of the above warranty regarding the veracity of any statements made herein releases owner from all obligations and liabilities arising from either the agreement or a subsequent lease. This application is taken subject to previous applications and shall be acted upon within ten days. The rental agent is only authorized to show the apartment and has no authority to make any representations concerning the premises.

Pursuant to the Fair Housing Laws of the State of New Hampshire, the management shall neither refuse to rent or lease an apartment or house to any person because of age, color, disability, race, familial status, disability, sex, marital status, sexual orientation, gender identity, national origin or ancestry of the applicant family nor discriminate in the terms offered or the services rendered.

Authorization: I/We authorize Bowers Landing of Merrimack, LLC and APT Management, Inc. to verify the above information by all available means. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Bowers Landing of Merrimack, LLC and APT Management, Inc from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. I/We declare that the statements made in the application are true and correct and that any information contained in the application which is false, misleading or inaccurate shall be cause for rejection of the application.

Applicant Name (please print) _____

Signature _____ Date _____

Co-Head/Spouse/Roommate (please print) _____

Signature _____ Date _____

