APPROVED DENIED	
APARTMENT PRICE	
Referral fees	

RENTAL APPLICATION

Cherry Hill Apartments *Cliffside at* Cherry Hill

www.cherryhillnh.com

SCG Management 600 Bennett Way Newmarket, NH 03857 Tel. (603) 659 5665 Fax. (603) 659 7441

Applicant Name		Pho	one
			State
			State
E-Mail Address:			
			StateZip
			Monthly Rent \$
Previous Address		City	StateZip
Moved in / / Ma	anaged by	Phone	Monthly Rent \$
Employed: Full Time	☐ Part Time Salary	Student	☐ Retired ☐ Not Employed
Dates Employed: From	To	Employed as:	
Employer	Address	City	State Zip
HR/Supervisor	Phone	Email or Fax	
Other Res	idents (Relationship: i.	e. roommate, spouse,	child, etc.)
PRINTED NAME	Relationship	Social Security Number	er Date of Birth
2			/
3			//
4		-	//
Pet (cat, bird, dog, etc.) Type:	Breed/species	Wt/Age/	·
	Breed/species	Wt/Age/	<u> </u>
GIVEN IN THIS APPLICAT	ONTACT EMPLOYERS, LA FION. I ALSO AUTHORIZE	E MANAGEMENT TO OB	NAL REFERENCES THAT I HAVE BTAIN MY CONSUMER CREDIT E, IS TRUE AND CORRECT.
Applicant: Printed Name_	S	ignature	Date / /

Please give us any additional pertinent information you would like us to consider while reviewing your application:					
The information provided in this Rental Applicants and Residents	s application is subject to the Cherry Hi	Ill Privacy Policy for Personal Inf	formation of		
	Application Terms and Sign	nature			
that the rental is to be payable or property and to the agent to acces should any statement made above money will be retained to offset. I hereby deposit \$100.00 as earn of this application, this money stomove in after being notified of the agent's time and effort in my credit, character and reputatibefore possession is given, and this application is not approved a	e described premises for the term and use the FIRST day of each month in advance this application, I warrant that all state be a misrepresentation or not a true so the agent's cost, time and effort in product the agent's cost, time and effort in product the applied as part of the rental payer of acceptance, the earnest money will be a processing my inquiry and application on. When so approved and accepted I are on pay the balance of one month's rent and accepted by the owner or agent, the amages by reason of non acceptance.	ance. As an inducement to the own atements above set forth are true; statement of facts, \$100.00 of the cessing my application. application is not accepted. Upon ment. If for any reason I withdrate forfeited as liquidated damages in, including making necessary invagree to execute a lease for TWE within banking businesse earnest money will be refunded	n acceptance w my intent in payment vestigation of LVE months ess days. If		
	Signed	Date	_		
Management Use	Landlord Verification:	<i>by</i> :			
<u> </u>	- Spoke to:	•	Again?		
Previous : Rental Period Comments:	- Spoke to:	_ Late Payments? Rent A	1gain?		
	Employer Verification:	by:			
Date: / / Name	Title	Issues?			
Reasons for DENIAL of Accept	tance:				