Eagles Rest Residency Application

Resident Information:

We are delighted that you've chosen our community. We are proud of Eagles Rest and consider it the finest of its kind in New Hampshire's Lakes Region. Both the owners and management hope that your residency, once approved, will be as enjoyable as we know it will be.

Please hand to on-site manager at 34 Osprey Road or mail completed application to: 22 Falcon Drive, Alton, N.H. 03809

| resident information. | | | | | |
|---------------------------------|----------|--------------|----------------|-----|--|
| Full name | | Email | | | |
| Address | | City | State | | |
| Current rent / mortgage \$ | Lan | dlord / Bank | | | |
| How long there | Your SS# | | D.O.B | | |
| If less than a year, previous a | address | | | | |
| Work status: Full/part time | Retired | How long | Monthly income | | |
| Co-resident Information | : | | | | |
| Full Name | | Email | | | |
| Address | | | | | |
| | D.O.B | | | | |
| Work status: Full/part time | Retired | How long | Monthly income | | |
| Other proposed resident | :S: | | | | |
| Full Name | | E | [mail | | |
| Address | | City | State | SS# | |
| | D.O.B | | | | |
| Work status: Full/part time | Retired | How long | Monthly income | | |
| Other proposed resident | :s: | | | | |
| Full Name | | E | [mail | | |
| Address | | | | | |
| | D.O.B | | | | |

Work status: Full/part time_____ Retired _____ How long____ Monthly income_____

| Make | Model | Year | |
|----------------------|--|-----------------------------|------|
| Make | Model | Year | |
| Make | Model | Year | |
| RV's or Boats?(To be | kept in storage area.) | | |
| Bank & Credit In | formation: | | |
| Bank / Credit Union | | City Sta | te |
| Checking Account Y/ | N Savings Account Y/N | CD Y/N | Bank |
| / Credit Union | C | ity State | |
| Checking Account Y/ | N Savings Account Y/N | CD Y/N | Bank |
| / Credit Union | C | ity State | |
| Checking Account Y/ | N Savings Account Y/N | CD Y/N | |
| | | | |
| Have you or co-resic | dent(s) ever declared bankruptcy? Y/N | | |
| Have you or co-resic | lent(s) ever been sued for non paymer | nt of mortgage or rent? Y/I | N |
| Have you or co-resic | dent(s) ever been served with eviction | notices? Y/N | |
| Purchasing Inforn | nation: | | |
| Are you using a real | tor to purchase this home? Y/N | If Yes, please list: | |
| Realtor's nam | ne Phone numb | er | |
| Are you financing th | e purchase of this home? Y/N | | |
| If Yes, please | provide name of the bank or mortga | ge lender: | |
| Pet Information: | | | |
| | ommunity rules regarding pet ownersh | ip | |
| (No aggressive breed | l dogs or dogs over 50 pounds are allo | owed) | |

| weight | | | |
|--|--|--|--|
| Please indicate the animal a weight | nd breed, | age | ₋ and |
| Have you received a copy of the cor | nmunity's rules Y/N | | |
| If accepted as a resident, will you be | e registering emergency co | ontact information with th | ne management? Y/N |
| Criminal History: | | | |
| Have you or any co-resident ever be | een convicted of a felony? | Y/N | |
| Have you or co-resident(s) ever bee | n placed on parole Y/N $_{-}$ | | |
| Other Information: | | | |
| Home inspection: Once your proposubmitted prior to management exebe performed by a certified home insafety and building standards in effects | cuting the landowner's pr spection organization. It r | ovision of the warranty d | eed. This report must |
| Polybutylene Piping: As a proposed (Poly-B), piping? Poly B has been ou without notice. Also many insuranc piping. Cost to replace with complications. | itlawed for a number of your companies will not issue | ears because of its tender homeowners insurance | ncy to spring leaks to a home with Poly-B |
| References: | | | |
| Name | City. State | Phone | |
| Relationship to you | <u>-</u> | | |
| Name Relationship to you | | Phone | |
| NameRelationship to you | • | Phone | |
| | | | |

Each applicant understands that this application will be processed by a National Tenant Screening Organization for processing and verification of all the information submitted. Each applicant hereby represents that all of the above statements are true and correct and authorizes verification of such. Each applicant understands and agrees that false information shall constitute grounds for rejection of this application. Applicant agrees to pay an application processing fee equal to one month's rent at the time the application is submitted.

| | date |
|--|------|
| | date |
| | date |
| | |
| Application accepted by Approved / rejected on | on |

Signature of applicant (s)