

RENTAL APPLICATION _____, Plymouth, NH 03264

Name: _____ Date of Birth ___ / ___ / ___
 First Middle Last

Cell Phone#: (____) _____ Social Security #: _____ - _____ - _____ Drivers License #: _____
 Male _____ Female _____ Nick Name _____

School Email: _____ @plymouth.edu Home Email: _____

School Info:

Next September 1st, Based upon my credits the school would consider me a:

(circle one) **Freshman** **Sophomore** **Junior** **Senior**

I will be attending PSU for the _____ full school year _____ 1st semester only _____ 2nd semester only

Are you eligible to live off campus by residential life standards? Y / N

May we give out your address and phone number? Y / N (used for PSU and Town of Plymouth)

Will you need to move into the rental early for sports, orientation, work, teaching or an internship? **Yes or No**
If Yes, what activity/reason? _____

Where do you live right now?

Parents _____

On Campus _____
Dorm: _____ Room _____

Off Campus _____
Street _____ Apt _____
City _____ State _____ Zip _____
Landlord _____ Landlords Phone# _____
Rented from _____ to _____ Would landlord give you a good reference? Y / N

Where was your pervious residence?

Street _____ Apartment: _____
City _____ State _____ Zip _____
Landlord or RD _____ Landlords Phone# _____
Rented from _____ to _____ Would landlord give you a good reference? Y / N

Have you ever been evicted? _____ NO _____ YES ; If Yes Explain _____

Parent Info:

Mother's Name _____ Home Phone # : _____ Cell Phone #: _____
Street: _____ City _____ State _____ Zip _____
Mom's Email: _____
_____ * Check here if mother and father have same address and phone number.

Father's Name _____ Home Phone # : _____ Cell Phone #: _____
Street: _____ City _____ State _____ Zip _____
Dad's Email: _____

Rental expenses paid by: (circle all that apply) PARENTS SELF LOANS SCHOLARSHIPS GRANTS
Will you have a car while renting? Yes _____ No _____ Maybe _____

Address to send Billing and Notices: Mom _____, Dad _____, Other Address(Below) _____, Both Parents _____
Street _____ Phone _____
City _____ State _____ Zip _____

I certify that the above is a true and complete statement of information and further authorize the release and verification of any and all of the above information. I further authorize the release of any information regarding the applied for rental to any future reference request:

Signed: _____ Date: _____

FIRST OFFENSES RESULTING IN IMMEDIATE EVICTION OF ALL RESIDENTS FROM THEIR APARTMENT / ROOM.

To maintain peace and order in this apartment building and to protect the rights of the year round community certain activities and behaviors must not be exhibited. There are no warnings or second chances in these areas. Violators may be evicted with no rent refund, and may be subject to legal action as well.

- . Having gatherings exceeding the maximum number of allowed guests on the premises.
- . Intentional or substantial damage to the house or the property.
- . Having a keg of beer or the like on the property.
- . Charging for any alcohol or gathering.
- . Using premises for commercial or illegal purposes.
- . Having unauthorized pets.

I REALIZE THAT A SINGLE VIOLATION OF ANY OF THESE POLICIES MAY RESULT IN AN IMMEDIATE EVICTION FROM THE APARTMENT/ROOM. BY SIGNING THIS CONTRACT, I AGREE TO RECOGNIZE AND ABIDE BY THE RULES AND REGULATIONS STATED ABOVE.

Residents Signature _____ Date _____

Plymouth State University RELEASE OF JUDICIAL INFORMATION To Off-Campus Housing Agency 2.13.03	NOTE: Fill out only if living in PSU Housing
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By signing below, I authorize the Coordinator of Judicial Programs, Dean of Student Affairs, or Vice President of Student Affairs to communicate with the requesting landlord (or representative of the agency) stated below, information in my judicial record related to the following violations:

- . Vandalism or damage to property.
- . Sale of alcohol or drugs.
- . Actions/behaviors that have a negative impact on the community.
- . Disrespect or Disorderly type actions.

I understand that the landlord / representative may use my judicial history in considering whether or not I would be an appropriate candidate to lease a living space to and that this information could affect my eligibility to obtain an off-campus rental.

Student requesting Release of Information (Please Print):
Name: _____ SS# _____ Dorm/Apt: _____ Room#: _____

Information may be released to:
Agency : Stoppe Management Services, Inc. Phone #: (603) 536-2479
Representative's Name: Any Stoppe Management Services, Inc. Managers

Signature of student requesting release

Date

Please return this form to the Plymouth State University Judicial Programs Office
17 High St. MSC 4B (Speare 303) or FAX to 535-3006