



ALLIANCE
Asset Management



VOSE FARM
— RESIDENCES —
A DEVELOPMENT BY CATHOLIC CHARITIES NH

Address: 105 Loudon Road, Unit 1, Concord, NH 03301 | **Phone:** (603) 223-0810 | **Fax:** (603) 223-0934

Market Rate Application

Vose Farm Residences

12 Vose Farm Rd, Peterborough, NH 03458

5 - Two Bedroom Apartments

Nestled in a welcoming town, Vose Farm offers a variety of housing options and a quality of life designed to meet the diverse needs of individuals and families, with a dedication to ensuring that people of all backgrounds and faiths can find a place to call home.

APPLICATION PROCESS & INFORMATION

****Each household member ages 18 and over should complete a separate application**

We will process landlord verifications, and run a soft pull credit report.

Once the initial screening process has been completed we will request the following documents

- ☐ Copy of last 2 paystubs
- ☐ Copy of current photo ID
- ☐ Copy of Social Security card
- ☐ Copy of criminal background check

Sincerely,

Alliance Asset Management & Vose Farm Residences



8/7/2025

Address: _____
 Phone: _____ Fax: _____

RENTAL APPLICATION

NOTE: Each adult (18+) must fill out a separate application

First	Middle	Last	Birth Date	Social Security #	Driver's License #
Any Other Names You've Used In The Past			Home Phone	Cell Phone	
All Other Proposed Occupants				Birth Date	Relationship To Applicant

RENTAL/RESIDENCE HISTORY

	Current Residence	Previous Residence	Prior Residence
Street Address			
City			
State & Zip			
Last Rent Amount Paid			
Owner/Manager and Phone Number			
Reason for leaving			
Is/Was rent paid in full?			
Did you give notice?			
Were you asked to move?			
Name(s) in which your utilities are now billed:			
	From/To	From/To	From/To
Dates of Residency			

EMPLOYMENT HISTORY

	Current Employment	Previous Employment	Prior Employment
Employed By			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
Monthly Gross Pay			
	From/To	From/To	From/To
Dates of Employment			

CREDIT HISTORY

	Bank/Institution Name	Balance On Deposit or Balance Owed
Savings Account		
Checking Account		
Savings Account		
Checking Account		

VEHICLES (Include vehicles belonging to other proposed occupants also)

Make	Model	Color	Year	License Plate

REFERENCES & EMERGENCY CONTACTS

	Personal Reference	Personal Reference	Emergency Contact
Name			
Street Address			
City			
State & Zip			
Phone Number			

By signing the application you grant us permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

GENERAL INFORMATION

Have you ever been served a late rent notice?	Do any of the people who would be living in the apartment smoke?	Have you ever been evicted? If so, why?
Have you ever filed for bankruptcy? If so, when?	When would you be able to move in?	Have you ever been convicted of a felony?
Have you ever been convicted of a drug offense?	Have you ever been convicted of a sexual offense?	
Have you had any reoccurring problems with your current apartment or landlord? If yes, please explain:		
Why are you moving from your current address?		
List any verifiable sources and amounts of income you wish to have considered (optional):		
Do you understand and agree to have renter's insurance the entire time you reside at this property and will provide the landlord with proof of continued coverage for entire rental period?		
Have you been a party to a lawsuit in the past? If yes, please explain why:		
We may run a credit check. Is there anything negative we will find that you want to comment on?		
How did you hear about this apartment?	Do you have an e-mail address we can reach you at?	
How many pets do you have? Please list type, breed and approx. weight & age		

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature: _____

Date: _____



8/7/2025



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AUTHORIZATION TO RELEASE INFORMATION

I/we, the undersigned hereby authorize all persons or companies listed below to release without liability, information regarding employment, income and assets to Alliance Asset Management, Inc. for the purposes of verifying information on my/our apartment rental application.

Information Covered

I/we do hereby authorize Alliance Asset Management, Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing. I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, assets, employment income, credit, rental and criminal records. I/we understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a qualified resident. I/we authorize Alliance Asset Management to obtain a copy of my/our credit report.

Groups or Individuals that May be Asked

Past, Present or Future Employers
Landlords
Public Housing Agencies
Support and Alimony Providers
Insurance Companies/Providers
Welfare Agencies
Educational institutions

Veteran's Administration
State Unemployment Agencies
Banks and other Financial Institutions
The Social Security Administration
Utility Companies
Retirement Systems
Credit Bureaus

Conditions

I/We agree that a photocopy and or fax of this authorization may be used for the purposes stated above. The original of this authorization in on file and will stay in effect for fifteen months from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

All household members, age 18 and older, must sign.

Head Signature

Date

Co-Head Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date



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