



NBV Briar Ridge, LLC

40 Lilac Drive
Rochester, NH 03867

RESIDENT APPLICATION REQUIREMENTS

Briar Ridge Estates tenancy application and approval requires the following:

Application:

1. Completed Rental Application
2. \$40 Application Fee per application made payable to NBV Briar Ridge
3. Criminal Record Release Form for every occupant over the age of 18. (Office Manager can notarize this form if needed. You may send the form in yourself or write a check payable to State of NH Criminal Records for \$25 per applicant. This can take a few weeks to process, so please do not wait to get this form sent into the state. You can also go directly to the Department of Safety in Concord, NH to have this completed immediately.)
4. Copy of Valid Driver's License (all occupants 18+)
5. Income documentation for all occupants over the age of 18. (Acceptable forms of documentation below):
 - a. One month's worth of paystubs (4 paystubs for weekly, 2 paystubs for bi-weekly/semi-monthly, 1 for monthly)
 - b. 1040 Tax Return from current year
 - c. Social Security Benefit Letter
6. Three months' worth of bank statements
7. Completed Pet Application (if applicable)

*All Application and Background Check Fees are non-refundable

After Approval:

1. Confirm Closing Date with Briar Ridge Office. This confirmation MUST be in writing. You can email briarridge@boavidamhp.com or mail to 40 Lilac Drive Rochester, NH 03867.
2. Schedule Appointment for Lease Signing

Upon Close:

1. Receipt of Lienholder's name and address
2. Confirmation of paid Insurance Policy
3. Signed copy of Rules and Regulations
4. Signed copy of Lease Agreement
5. Security Deposit equal to one month's rent

Should you have any questions, please contact our office at 603-994-1411 or briarridge@boavidamhp.com.

Thank you,

NBV Briar Ridge, LLC Management

APPLICATION FOR TENANCY PROCESS CHECKLIST

EQUAL HOUSING OPPORTUNITY



WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW. IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN.

Please provide the following:

- Completed and signed Application for Tenancy (completed only by Homeowner(s)/Tenant(s) that will appear on title) for each adult applicant (18 Years or Older)
- Copy of Valid Government Issued Photo ID for each adult applicant (18 Years or Older)
- Proof of income – Three (3) most recent months' paycheck stubs or Social Security or Disability Statements for each adult applicant (18 Years or Older)
- Photograph of any/all pets and copy of license, if applicable
- Photographs of recreational vehicle, if applicable

Please note the following guidelines for approval:

- Minimum credit score of 600
- Minimum gross income of 3 times the monthly rent/utilities/covenants
- No Co-Signers, all adult tenants must qualify on their own; No Sub-Leasing
- Security Deposit is equal to (1) full month's rent; Utility Deposits required for parks with utility charges. Any conditional approvals will require (2) months space rent.
- Debt to income ratio should be at 42% or less.
- Adult co-applicants with a credit score of less than 600 may be subject to conditional approval.
- Any misrepresentation on the application, discovered before or after approval, will be cause for voiding, withdrawal or dismissal of the lease.
- Up to 2 pets are allowed (subject to management approval). Breed & weight restrictions apply.
- Any Recreational Vehicle older than 10 years, or that has unsightly damage or is in poor condition, may at the discretion of management, have additional requirements of maintenance/repair/paint/weather resistance, etc. before being allowed in the park.

Please note the following:

If your Application Package is complete (all of the above referenced documentation is provided), Park Management will process your application package and may schedule a meeting with you. If you need to cancel your appointment, please call at least 24 hours prior to your appointment. If you are late, Management may re-schedule your appointment. It is your responsibility to bring a translator to the appointment, if necessary. I acknowledge that failure to provide the above documentation may result in delay of the application process or denial of my application for tenancy. Applicant(s) acknowledges that providing any false or misleading information or omitting any information is fraud and justifies rescission of the Application, damages and other remedies.

Acknowledge Receipt of Application for Tenancy Process Checklist by Prospective Homeowner/Tenant:

Space Number _____

Date

Prospective Tenant Name (Printed)

Prospective Tenant Signature

SECTION 3: EMPLOYMENT INFORMATION (Must show a five (5) years minimum history. If less than 5 years with current employer provide previous employer information on back of this page.)

Applicants Employer: _____

Address: _____

Supervisor Name: _____ Phone: _____ Position Held: _____

Length of Employment: _____ Gross Monthly Income: _____

Additional Income (Source and Amount): _____

Co-Applicants Employer: _____

Address: _____

Supervisor Name: _____ Phone: _____ Position Held: _____

Length of Employment: _____ Gross Monthly Income: _____

Additional Income (Source and Amount): _____

SECTION 4: OCCUPANTS UNDER 18 YEARS OF AGE

Please list all minors who will be occupying the space:

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

SECTION 5: EMERGENCY CONTACTS

Please list 2 persons, not living with you, to notify in case of an emergency.

Name: _____ Relationship: _____

Address: _____

Home Number: _____ Cell Number: _____

Name: _____ Relationship: _____

Address: _____

Home Number: _____ Cell Number: _____

SECTION 6: VEHICLES

Please list the vehicles to be parked at the home site. Number of Automobiles: _____ (only 2 per home site are allotted).

Year: _____ Make & Model: _____ Color: _____ License Number: _____

Year: _____ Make & Model: _____ Color: _____ License Number: _____

SECTION 7: PETS

All pets must be approved by Park Management prior to move-in. We allow for 2 pets only, please refer to Park Rules and Regulations for maximum height and weight requirements. **Aggressive Breeds are expressly prohibited.**

Type of Pet: _____ Breed: _____ Name: _____ Size: _____ Color: _____

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SECTION 8: FINANCIAL

Have you ever been asked to terminate your residency elsewhere, been Evicted or Foreclosed? _____

If yes please explain: _____

Have you ever filed for Bankruptcy? _____ If yes please list date: _____

Was the Bankruptcy Discharged? _____ If yes please list date: _____

SECTION 9: MOBILE HOME, RV, OR TRAILER THAT WILL OCCUPY THE SPACE

Year: _____ Make/Model: _____ License/Decal Number: _____

Width: _____ Length: _____ State Registered: _____ Amps Needed: _____

Financed by/Legal Owner: Name: _____

Address: _____ State: _____ Zip: _____

Registered Owner: Name: _____

Address: _____ State: _____ Zip: _____

****Please include photo for all RVs, Trailers, or Mobile Homes brought into the Park.***

Authorization for Release of Information

The undersigned requests the management to run a credit and eviction check, and to check references and representations. The undersigned acknowledges that in the event both management and the undersigned execute a rental agreement, it is subject to approval by the management of the undersigned's mobile home or recreational vehicle as provided in the Rental Agreement.

The undersigned represents and warrants that the above information is true and correct and has been made for the purpose of informing the management of the Park. The management has permission to verify any and all information offered on this application.

The undersigned understands that in the event any of the above information cannot be verified by the management of the Park, that the management of the Park has the right to deny the application.

The undersigned further understands that Prospective Residents shall have no rights of tenancy until a Rental Agreement has been signed by the Park management and the Prospective Resident(s).

Applicant Signature: _____ Date: _____

Co Applicant Signature: _____ Date: _____

Please also attach supplemental information to this application:

- 1) Copy of ID's
- 2) Three months proof of income or bank statements
- 3) Photo of RV or pets if applicable.





State of New Hampshire Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 109-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

PURPOSE OF RECORD

Housing Employment Annulment/Expungement Other _____

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Person or Entity to Receive Record _____

Address _____ City _____ State _____ Zip _____

Your Signature _____ Date _____

Notary's Signature _____ Date _____

Signature of person/entity to receive record _____ (Affix seal) Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 641. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

To prevent a delay in processing, I have enclosed a self-addressed envelope.

Prepaid Acc't Number _____

A \$25.00 fee is required for each request. Make checks payable to: State of NH - Criminal Records.



NBV Briar Ridge, LLC

40 Lilac Drive
Rochester, NH 03867

Resident Pet Application

Name: _____ Date: _____

Address: _____

Species: _____ Color: _____

Male: _____ Female: _____

Neutered: _____ Spayed: _____

*Copy of Rabies Certificate & Dog License is Required

*Tenant agrees to keep in full compliance with the Town of Rochester's leash law.

*Any loose animals captured within Briar Ridge Estates that are not licensed and approved will be removed.

Tenant(s) Signature: _____ Date: _____

_____ Date: _____

Community Manager Signature: _____ Date: _____