

VERMONT RENTAL APPLICATION

Each person over the age of 18 must complete an application and be listed on the lease. Please attach a copy of your most recent photo ID.

APARTMENT

Apartment Address: _____ Rate: _____ Start Date: _____

Where did you hear about this apartment: _____

APPLICANT(S) INFORMATION

Full Name: _____ SSN: _____

Date of Birth: _____ Phone: _____ E-mail: _____

Please list all occupants other than yourself:

Full Name: _____ Full Name: _____

Full Name: _____ Full Name: _____

RESIDENTIAL HISTORY (*Last 3 years*)

Current Address: _____

From: _____ To: _____ Rent Own Monthly Rent: \$ _____

Owner/Landlord: _____ Phone: _____

Previous Address: _____

From: _____ To: _____ Rent Own Monthly Rent: \$ _____

Owner/Landlord: _____ Phone: _____

Reason for leaving: _____

Previous Address: _____

From: _____ To: _____ Rent Own Monthly Rent: \$ _____

Owner/Landlord: _____ Phone: _____

Reason for leaving: _____

EMPLOYMENT INFORMATION AND HISTORY

Occupation: _____

Current Employer: _____ Address: _____

F/T P/T From: _____ To: _____ Position/Title: _____

Supervisor Name: _____ Phone: _____

(If employed less than one year):

Previous Employer: _____ Address: _____

F/T P/T From: _____ To: _____ Position/Title: _____

Supervisor Name: _____ Phone: _____



FINANCIAL INFORMATION (Please list all sources)

ALL SOURCES OF INCOME (including current employment)

GROSS MONTHLY AMOUNT

1. _____
2. _____

EMERGENCY CONTACTS

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

- Have you declared bankruptcy in the past seven (7) years? Yes No
Have you ever been evicted from a rental residence? Yes No
Have you had two or more late rental payments in the past year? Yes No
Have you ever willfully or intentionally refused to pay rent when due? Yes No
Have you ever been convicted of a crime or are there any pending criminal charges? Yes No
Are you subject to a lifetime state sex offender registry program in any state? Yes No
If yes, please provide type of offense, date, county, and state:

Please provide any additional information that might help owner/management evaluate this application.

The Landlord is an equal opportunity housing provider. We do not discriminate on account of race, sex, sexual orientation, color, age, familial status, marital status, religion, national origin, U.S. military veteran status, disability, gender identity, gender-related characteristics, or because the applicant is a recipient of public assistance, including section 8 housing assistance.

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rent is to be paid before the first day of each month. I warrant that all statements above set forth, to the best of my knowledge, are true and correct.

AUTHORIZATION TO RELEASE

I understand investigative consumer reports may be obtained in connection with my application. I understand these reports will contain information about my background, to include but not limited to criminal history, credit history, driving record, education and prior employment verification. The information may be obtained from Federal, State and Local government agencies. I authorize any party or its contractors to furnish relevant information regarding myself maintained in their records. I further authorize ongoing procurement of information when requested. I allow the Landlord and it's parties to check my references and to review my credit with the Credit Bureau Services of Vermont to evaluate my qualifications as a potential tenant; to evaluate my qualifications if the lease is to be renewed; and for rent collection purposes. I warrant that the information supplied is true and correct. I understand that providing false or misleading information will result in the denial of this application for rental housing.

Signature Date

Print Full Name Date

