

Rental Application for Market Rate Rentals

Instructions: *Please complete the application and answer each of the following questions carefully and completely. The information is needed for the rental of the apartment you are applying for.* **Please note that we will not process incomplete applications.**

I wish to apply for:	
Hayes Rye Chatham Green	

1. Applicants: (*List all members who will be residing in the unit*)

Head of Household	Social Security Number	Sex	DOB	Driver's License # & State, or Other ID
Co-Head of Household/Relationship	Social Security Number	Sex	DOB	Driver's License # & State, or Other ID
Household Member	Social Security Number	Sex	DOB	Driver's License # & State, or Other ID
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2. Present Housing: *If the Co-Head's information differs from the Head of Household's, please use the back of this page or attach the information on a separate piece of paper.*

Your current address:			
Home phone number:	Cell phone Number:		
Work phone Number:	E-mail address:		
How long have you lived at your present address?			
Do you: Rent Own your home	Other:		
If you rent, who is your current landlord?			





	Landlord's address:			
	Landlord's Telephone:			
3.	Current Housing Expenses:			
	Mortgage/Rent: \$	_Utilities: \$	Water/Sewer: \$	
	Other (specify):			
4.		•	landlords' addresses for the past (5) you please use the back of this page or atta	0
	Rental Address:		Dates: from	to
	Landlord Name, Address, Telep	phone:		
	Rental Address:		Dates: from	to
	Landlord Name, Address, Telep	phone:		
5.	Employment Information: If a back of this page or attach the	-	rmation differs from the Head of House parate piece of paper.	hold's, please use the
	Current Employer:			
	Employer's Address:			
	Supervisor's Name:		Telephone:	
	How long have you been emplo	yed with current er	nployer?	_
	If less than 2 years, please list p	previous employer t	pelow.	
	Previous Employer:			
	Employer's Address:			
	Supervisor's Name:		Telephone:	
	How long were you been emplo	oyed with this empl	oyer?	
6.	Gross monthly household inco	ome: from all sourc	ees \$	





7. General Information:

A.	Do you have any pets? See No If yes, please list:			
B.	Does anyone in your household smoke? \Box Yes \Box No			
C.	Has anyone in your household ever been evicted? \Box Yes \Box No			
	If yes, where and when?			
	Describe the reason why:			
D.	Have you ever used another name? \Box Yes \Box No			
	If yes, what name?			
E.	Has anyone in your household ever been convicted of any misdemeanors, felonies and/or crimes including but not limited to the illegal manufacture, distribution, possession or use of a controlled substance?			
	Yes No If yes, please explain:			
F.	Are you or anyone in your household currently engaging in the use of a controlled substance?			
	Yes No If yes, please explain:			
G.	Please provide us with a name of someone to notify in case of an emergency:			
Na	Name: Telephone:			
Ad	dress			
H.	Please provide us with two (2) character references (Excluding relatives):			
1.	Name: Telephone:			
	Address			
2.	Name: Telephone:			
	Address			





8. Certification & Authorization:

I understand that the information contained in this application form will be used to determine my eligibility for an apartment. I grant consent for Management to make any and all inquiries to verify the information, with rental, criminal and credit screening services, and to contact previous and current landlords or other sources for credit and verification of other information which may be released to appropriate Federal, State or Local agencies.

I authorize management to obtain one or more "credit consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C Section 1681a(d), seeking information on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

Furthermore, I understand that providing false or misleading information will make me ineligible for rental. Therefore, I certify that all the information is true and complete to the best of my knowledge and belief.

Please sign below:

Head of Household:	Date:
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Co-head of Household:	Date:
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Thank you. Please return the completed application to:

O'Brien Brothers 1855 Williston Road South Burlington, VT 05403 Office (802) 658-5000 Fax (802) 658-5002 www.obrienbrothersvt.com

