COLCHESTER PROPERTY MANAGEMENT, LLC

PO BOX 730 COLCHESTER VT. 05446 802.355.3571 PAULA@CCSINCVT.COM

This is an application for housing at:

Requested lease signing date:

GENERAL INFORMATION

Lease Signer Ap	plicant:			
Name		Contact#_		
Name		_ Contact#_		
Current Address	(es):			
Street	Apt.#	City	State	ZIP
Street	Apt.#	City	State	ZIP
Number of bedrooms In current unit:				
Amount of Current monthly rental payment: \$ Check utilities paid by you: Heat Electricity Gas Others (specify)				
Approximate monthly cost of utilities paid by you \$				

(do not include wifi, cable or phone)

Dates of ter	nancy:			
Reason for I	leaving			
Has your lar	ndlord received proper n	otice of your intentions t	ro move: 🗌 Yes	No
Landlord Contact Information:		Name:		
		Contact #:		
ls it okay to	contact current landlord	l for reference?	Yes	No
*****IF T	ENANCY ABOVE WAS SHO	ORTER THAN 3 YEARS, PLE	ASE FILL OUT BELO	W*****
Previous Ad	ldress:			
Lease date:	s:			
Landlord:	Name:			
	Contact#:			
Is it okay to	contact previous landlor	.dš	Yes	No

HOUSEHOLD COMPOSITION

NAME	AGE	RELATIONSHIP	<u>SELF</u>	
head of household				
NAME CO- HEAD OF HOUSEHOLI		RELATIONSHIP		
NAME	AGE	RELATIONSHIP		
NAME	AGE	RELATIONSHIP		
NAME	AGE	RELATIONSHIP		
NAME	AGE	RELATIONSHIP		
Will all listed minors be living in the unit at least 50% of the time? YES $\hfill \ensuremath{NO}\hfill$				
Do you anticipate any changes in the household composition in the next 12 months? YES \square NO \square				

Is there someone not listed above, who would normally be living with the household? YES \square NO \square

If yes, Explain Why they were not listed?

SOURCES OF INCOME

Are you employed?		Full Time? YES	NO
Employer			
Contact Name			
Contact Number			
Length of Employment _			
May we contact current em	nployer?	□ _{YES} □ _{NO}	
Gross Monthly Income		\$	
**** If length of employmen	t is less than 5 years	s please list all prev	vious employments*****
Employer _			
Contact Name _			
Contact Number _			
Dates of Employment			
May we contact previous er	mployer?	s D _{NO}	
Employer _			
Contact Name _			
Contact Number _			
Dates of Employment			
May we contact previous er Do you have a public housir		es no res no	
If yes what put	olic housing author	ity	
Contact Name			
Contact Numb	ber		

Please list all sources of household income/employment

Household Member	Monthly Income

Employer_____

Household Member _____ Monthly Income_____

Employer_____

Please list any other sources of income:

Question	Yes	No	Explanation
• Do you own any real estate?			Where?
• Do you own any pets			
 Have you ever been arrested or charged with a crime? 			
• Have you ever received an Eviction Notice from a landlord?			
Have you ever been evicted by a landlord?			
• Do you smoke?			
Have you ever had a pest infestation?			
 Is anyone disabled? 			
 Is anyone a registered sex offender 			
 Have you ever been more than 5 days late with rent 			
 Have you ever filed for bankruptcy? 			
Do you have 1 st month and security deposit available?			

MISCELLANEOUS

PERSONAL REFERENCES:

Name:	Address:
	_Relationship:
Name:	Address:
Telephone #: ()	_Relationship:
Name:	Address:
	_Relationship:

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All Adult applicants, 18 or older must sign application.

I hereby acknowledge that false information given in this Rental Application may constitute grounds for rejection of this application and termination of your lease.

I hereby acknowledge that incomplete Rental Applications will be rejected.

I authorize listed references, including employers and financial institutions, to release information to Lessor (Landlord).

I, the undersigned Applicant(s), have read and agree to all provisions of this Rental Application.

Signature:	
Printed Name:	
Date:	
Signature:	
Printed Name:	
Date:	

COLCHESTER PROPERTY MANAGEMENT, LLC