



KEEN'S CROSSING  
at Winooski Falls

**APPLICATION COVER SHEET**

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Applicant(s): 1) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

2) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

3) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_

Looking for a:       1 Bedroom       2 Bedroom       3 Bedroom

Desired Move-In Date: \_\_\_\_\_ # Parking Spaces Wanted \_\_\_\_\_

Pet(s): \_\_\_\_\_

Special Incentives or Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**By signing below, all parties acknowledge the payment of a non-refundable \$20 application processing reimbursement per person, 18 years of age or older, to cover expenses incurred in retrieving an applicant's credit & criminal background report. For this, we can accept a *personal check or money order only*. Applications submitted without this reimbursement will not be processed until full payment is received.**

Applicant's Signature: \_\_\_\_\_

**\*\* PLEASE REMEMBER TO SIGN AND COMPLETE ENTIRE APPLICATION \*\***

## **Affordable Program Checklist**

*The following items must be included with your fully completed application to be considered complete when handed in:*

- APPLICATION PROCESSING REIMBURSEMENT (\$20/person over the age of 18, in the form of a personal check or money order).
- FOUR consecutive (and most recent) months of checking account statements for each checking account held by any applicant.
- FOUR consecutive (and most recent) statements of any savings accounts held by any applicant.
- SIX consecutive (and most recent) pay stubs. THREE if paid on a bi-weekly basis.
- ONE social security income verification for each applicant who receives SSI or SSDI.

*Please bring with you the following items to be photocopied when you hand in your application. These are also needed for application to be considered complete.*

- Birth Certificates *OR* Passports *OR* I-9 Forms for ALL applicants.
- Social Security Cards for ALL applicants.
- Driver's License *OR* Non-Driver ID Cards for applicants that have one.



# Common Rental Application for Housing in Vermont

## INSTRUCTIONS

(not for tenant-based vouchers)

Please type or print in ink the information requested on this form. Please read through this application carefully. Incomplete or unsigned applications will be returned. **Use additional sheets if necessary.** Please return completed application to:

**FOR OFFICE USE ONLY**  
 Date/time received:

Management company	Agent name
I wish to apply for housing at:	
Property name	Location

## FAMILY COMPOSITION

Complete the following information for each person who will live in your apartment:

First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship <i>Head of household</i>
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/y)	Relationship
First and last name	Social Security number	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Place of birth (city, state)	Birthdate (m/d/yw)	Relationship

Do you have primary custody of all children listed above?

Yes  No

What's your current address?	Please list your mailing address, if different
How long have you lived at this address?	How many bedrooms in your present living quarters?
Home phone number	Cellular phone number
Other phone number	Email address

Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," who's your landlord?	Landlord's phone number
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Landlord's address

Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," market value \$	Outstanding mortgage balance \$
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Do you live with others? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," explain your living arrangements
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Please check the size of the apartment you're interested in:

Efficiency  1-bedroom  2-bedroom  3-bedroom  4-bedroom

## PREVIOUS HOUSING

*Fill out this information for all places you have lived in the past five (5) years, not including your present housing. Attach a separate sheet of paper if needed.*

Landlord name	Rental property address	
Landlord address		
Landlord phone number	Dates you lived there From (m/y):	To (m/y):

Landlord name	Rental property address	
Landlord address		
Landlord phone number	Dates you lived there	
	From (m/y):	To (m/y):
Landlord name	Rental property address	
Landlord address		
Landlord phone number	Dates you lived there	
	From (m/y):	To (m/y):

Do you currently live in a subsidized or Tax Credit apartment? (For example, do you need to provide income information each year to your landlord?)

Subsidized
  Tax Credit
  No

## INCOME

Please list **all sources of income** for each person who will live in your apartment. Be sure to list gross amounts and where the income comes from.

### Employment income

Applicant name	Employer address, phone, fax	Gross weekly salary \$
Applicant name	Employer address, phone, fax	Gross weekly salary \$
Applicant name	Employer address, phone, fax	Gross weekly salary \$

## Other income

*Child support, pension/annuity, Social Security, Reach-Up, unemployment, other periodic payments, etc. If you receive Social Security, please attach a copy of your award letter with your application. Enter all other sources of income including current gross Social Security monthly amount.*

Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$
Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$
Applicant name	Income type	Source address, phone, fax	Gross monthly amount \$

## ASSETS

### Bank accounts

*Please list all accounts held by each person who will live in your apartment. Attach a separate sheet of paper, if needed.*

Bank/institution	Type of account	Interest rate %	Current balance \$
Bank/institution	Type of account	Interest rate %	Current balance \$
Bank/institution	Type of account	Interest rate %	Current balance \$
Bank/institution	Type of account	Interest rate %	Current balance \$

## IRA/Keogh/Annuity/Pension/Stocks

Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$
Name of account	# of shares	Share price \$	Cash value \$	Quarterly dividend \$

## Bonds/insurance policies

Date of purchase	Current value/cash value \$
Date of purchase	Current value/cash value \$
Date of purchase	Current value/cash value \$

## Other assets

Do applicants own real estate other than the home you live in?

Yes  No

If "Yes," where is it located?

Market value  
\$

Mortgage balance

\$

Mortgage holder and address

Is this an income-producing property?

Yes  No

Does anyone applying own any other asset not already listed? **(Do not include furniture. Do not include motor vehicles used for personal transportation.)**

Yes  No

If "Yes," please describe

Market value

\$

Have you or any member of the household disposed of, transferred or otherwise given away any cash property or other assets for less than they are worth in the past two (2) years?

Yes  No

If "Yes," please describe

Cash value

Amount received

Date disposed of

\$

\$

Do you or any member of the household receive regular gifts or contributions from any person or organization? Gifts or contributions include cash, non-cash items, bills paid on your behalf, or items paid on your behalf.

Yes  No

If "Yes," please describe

Cash value

Received from

How often (i.e. monthly)

\$

## EXPENSES

### Child care

*Complete for children 12 and younger that enable you to work or attend school.*

Amount per month assisted

Amount per month unassisted

\$

\$

### Medical expenses

*Complete if head of household, co-head or spouse is elderly, disabled or handicapped. Per month.*

Physicians/health care providers

Medical premiums

Hospitals/other health care facilities

\$

\$

\$

Prescription/non-prescription medicine

Dental

Other

\$

\$

\$

Auxiliary apparatus or handicapped/attendant care

\$



## GENERAL INFORMATION

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Are you or any member of your family in need of an accessible apartment and/or if handicapped/disabled, requesting a reasonable accomodation?

Yes     No

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Will you or any member of your household require a live-in attendant?

Yes     No

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If offered an apartment and I accept, this apartment will serve as my primary residence

Yes     No

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Are you displaced due to

Natural disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other governmental action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Are all members of the household citizens of the United States or non-citizens with eligible immigration status?

Yes     No

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Have you or any member of your household been a full-time student in the past year or plan to enroll as a full-time student in the upcoming year?

Yes     No

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If "Yes," please list all

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Do you currently have a Section 8 Housing Choice Voucher (HCV)?

Yes     No

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If "No," are you on the waiting list for a Section 8 HCV?

Yes     No

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If "yes", which public housing authority or authorities?

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Has anyone in your household ever been charged with or convicted of a crime, including but not limited to illegal manufacture or distribution of a controlled substance?

Yes     No

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If "Yes," please explain

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Is anyone in your household subject to a lifetime registration requirement under a state sex offender registration program?

Yes  No

If "Yes," please explain

Do you have any pets?*	Type	Number
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you or any members of your household smoke? \*\*

Yes  No

Why do you want to move to this property?

*\*Some properties do not allow pets    \*\*Some properties do not allow smoking*

## EMERGENCY

*Please provide the name of any family or friends you would like involved in this application process. Please also list any family or friends we may contact if we are unable to reach you.*

Name	Address (Street, city/town, state)
Phone number	Relationship
Name	Address (Street, city/town, state)
Phone number	Relationship
Name	Address (Street, city/town, state)
Phone number	Relationship

*Please provide three (3) character references who you have known for at least one (1) year (not related)*

Name	Phone number
Name	Phone number
Name	Phone number

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION:**

I/we certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/we understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases.

My/Our signature(s) below constitute(s) my/our consent to have the MANAGEMENT COMPANY conduct a background check, including verification of the information contained herein. I/we hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, Vermont Adult Abuse Registry, and/or the Vermont Child Protection Registry, and other individuals or entities with information relevant to the information provided herein to representatives of the MANAGEMENT COMPANY processing this application and performing the background check as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d). I also consent to release wage matching data to RHS and the MANAGEMENT COMPANY.

I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit, landlord references, police records indicating unacceptable criminal behavior, and/or poor personal interview.

***WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.***

**“I have read and understand this statement.”**

Signature - Head of household	Date
Signature - Other adult household member	Date
Signature - Other adult household member	Date
Signature - Other adult household member	Date

*The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and US Department of Housing and Urban Development that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, gender identity, familial status, age, and disability are complied with.*

*You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname:*

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Ethnicity

Not Hispanic or Latino       Hispanic or Latino

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Race (Mark one or more)

American Indian/Alaska native       Asian       White  
 Black or African-American       Native Hawaiian or other Pacific Islander  
 Multi-racial       Other race

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**ALL APPLICANTS MUST BE INCOME ELIGIBLE AND MEET ALL ADMISSIONS CRITERIA FOR THEIR PROSPECTIVE APARTMENT**