



KEEN'S CROSSING
at Winooski Falls

APPLICATION COVER SHEET

Date of Application: 6/11/2016

Name of Applicant: HILLARY LIGHT Date of Birth 9-18-91

Additional Applicant(s): ELAINE LIMANEK Date of Birth 9-18-89

_____ Date of Birth _____

_____ Date of Birth _____

Looking for a: 1 Bedroom 2 Bedroom 3 Bedroom

Desired Move-In Date: AUGUST OR SEPTEMBER # Parking Spaces Wanted: 1

Pet(s): ONE SHORT HAIRED SPAYED FEMALE CAT

Special Incentives or Requests: _____

How Did You Hear About Us?

- Current Keen's resident. If so, who? (We'd like to thank them!)

- Advertisement. If so, which source? _____
- Friend, family or co-worker.
- Other. Please explain: ZILLOW

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. We can accept a personal check or money order only. Applications submitted without this processing reimbursement will not be processed until full payment is received.

Applicant's Signature:

HallKeen Management is an equal opportunity housing provider and will not discriminate against any applicant or tenant on the basis of race, color, religious creed, national origin, sex, sexual orientation, gender identity or gender-related characteristics, presence of children, familial status, receipt of public assistance, age, marital status or based upon handicap.

****Please remember to sign and complete entire application!****



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RENTAL APPLICATION

PRIMARY APPLICANT

Full Name: HILLARY LIGHT Phone #: 802-598-1781
Alternate Phone: Email Address: LIGHT.HILLARY@GMAIL.COM
Social Security #: 009-76-2210 Initial if over 18 years of age HL
Occupation: REWRITE TECH II Gross Annual Income: \$35,000

ADDITIONAL APPLICANTS

2. ELAINE LIMANEK SS#: PLEASE CALL HER
Telephone#: 802-238-0673 Email Address: ELAINE.LIMANEK@GMAIL.COM
3. SS#:
Telephone#: Email Address:
4. SS#:
Telephone#: Email Address:

Race (Optional): Please enter a number corresponding to each applicant's race. (ie: two Asian applicants and one White applicant would enter "2" in the Asian and "1" in White)

- [] American Indian/Alaskan Native [] Black African American
[X] White [] American Indian/Alaskan and White
[] Asian [] Asian and White
[] Hispanic Descent [] Native Hawaiian/Other Pacific Islander
[] Black African American and White

PRIMARY APPLICANT INFORMATION

Present Address: 184 ELM STREET Apt. #: 2
City: MONTPELIER State: VT Zip Code: 05602
Dates: 9/2014-8/2016 Monthly Payment: 1300.00 RENT / OWN
Landlord/Lender: SARA GUYETTE Phone: 802-223-0439
Previous Address: LIVED WITH FATHER Apt. #:
City: PLAINFIELD State: VT Zip Code:
Dates: Monthly Payment: RENT / OWN
Landlord/Lender: Phone:

ADDITIONAL APPLICANT INFORMATION

#2's Present Address: 186 ELM STREET Apt. #: 2
City: MONTPELIER State: VT Zip Code: 05602
Dates: Monthly Payment: RENT / OWN
Landlord/Lender: Phone:
#2's Previous Address: Apt. #:
City: State: Zip Code:
Dates: Monthly Payment: RENT / OWN
Landlord/Lender: Phone:

ADDITIONAL APPLICANT INFORMATION

#3's Present Address: Apt. #:
City: State: Zip Code:
Dates: Monthly Payment: RENT / OWN
Landlord/Lender: Phone:
#3's Previous Address: Apt. #:
City: State: Zip Code:
Dates: Monthly Payment: RENT / OWN
Landlord/Lender: Phone:



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ADDITIONAL APPLICANT INFORMATION

#4's Present Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Dates: _____ Monthly Payment: _____ RENT / OWN
Landlord/Lender: _____ Phone: _____
#4's Previous Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Dates: _____ Monthly Payment: _____ RENT / OWN
Landlord/Lender: _____ Phone: _____

PRIMARY APPLICANT INFORMATION

Current Employer or Income Source: (If self-employed please attach most recent W-2 or 1099 tax documents.)
Name of Employer/Source of Income: NATIONAL LIFE GROUP
Address: ONE NATIONAL LIFE DRIVE, MONTPELIER, VT, 05602
Phone #: 802-229-3333 Employment Dates: 10/2014- CURRENT
Position: REWRITE TECH II Salary: \$35,000
Previous Employer or Income Source:
Name of Employer/Source of Income: TREATMENT ASSOCIATES INC
Address: 73 MAIN STREET, MONTPELIER,VT, 05602
Phone #: _____ Employment Dates: 6/2013-10/2014
Position: ADMINISTRATIVE ASSISTANT Salary: \$23,000

ADDITIONAL APPLICANT INFORMATION

#2's Current Employer or Income Source: (If self-employed please attach most recent W-2 or 1099 tax documents.)
Name of Employer/Source of Income: NATIONAL LIFE GROUP
Address: ONE NATIONAL LIFE DRIVE, MONTPELIER
Phone #: 802-229-3333 Employment Dates: 09/2015-CURRENT
Position: SALES DESK- ILLUSTRATION SPECIALIST Salary: _____
#2's Previous Employer or Income Source:
Name of Employer/Source of Income: _____
Address: _____
Phone #: _____ Employment Dates: _____
Position: _____ Salary: _____

ADDITIONAL APPLICANT INFORMATION

#3's Current Employer or Income Source: (If self-employed please attach most recent W-2 or 1099 tax documents.)
Name of Employer/Source of Income: _____
Address: _____
Phone #: _____ Employment Dates: _____
Position: _____ Salary: _____
#3's Previous Employer or Income Source:
Name of Employer/Source of Income: _____
Address: _____
Phone #: _____ Employment Dates: _____
Position: _____ Salary: _____

ADDITIONAL APPLICANT INFORMATION

#4's Current Employer or Income Source: (If self-employed please attach most recent W-2 or 1099 tax documents.)
Name of Employer/Source of Income: _____
Address: _____
Phone #: _____ Employment Dates: _____
Position: _____ Salary: _____



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#4's Previous Employer or Income Source:

Name of Employer/Source of Income: _____
Address: _____
Phone #: _____ Employment Dates: _____
Position: _____ Salary: _____

Other sources of Income:

Applicant #	Type of Income	Source/Bank	Gross Annual Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any applicant ever been evicted from their home for any reason? YES NO
If yes, please give details: _____

Has any applicant ever been arrested, charged or convicted of any crime? YES NO
If yes, please give details: _____

Does any applicant currently have any criminal charges pending against them? [] Yes [X] No
If yes, please give details: _____

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?
[] Yes [X] No _____

Emergency Contact/Relatives (not to be residing with you):

- Name: GREG LIGHT Relationship: FATHER Applicant #: 1
Address: PLAINFIELD, VT Phone: 802-839-8878
- Name: _____ Relationship: _____ Applicant #: _____
Address: _____ Phone: _____
- Name: _____ Relationship: _____ Applicant #: _____
Address: _____ Phone: _____
- Name: _____ Relationship: _____ Applicant #: _____
Address: _____ Phone: _____



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Base rent and other monthly charges are due and payable on the first day of each month in advance. Management shall not make any inquiry concerning race, religious creed, color, national origin, sex, sexual orientation, age (except if a minor), ancestry or marital status of the applicant or concerning the fact that the applicant is a veteran or a member of the armed forces or is handicapped or disabled. The applicant authorizes the Management and/or Renting Agency to obtain or cause to be prepared a consumer credit report relating to the applicant.

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

I authorize Owner/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 and/or mode of living.

Furthermore, I understand that providing any false or misleading information, whether intentional or not, on this application will result in a denial or if learned after approval-this will be grounds for eviction. Therefore, I certify that all of the above information is true and complete to the best of my knowledge and belief.

Neither the Owner nor the Management is responsible for the loss of personal belongings caused by fire, theft, smoke, water or otherwise, unless caused by their negligence.

The undersigned warrants and represents that all statements herein are true and agrees to execute upon presentation a Lease agreement in the usual form, a copy of which the applicant has received or has had occasion to examine, which lease or agreement may be terminated by the Lessor if any statement herein made is not true. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

Deposit is to be applied to actual damages sustained by the owner, except it is to be refunded if said application is not accepted by the owner. This application and deposit are taken subject to previous applications.

Signature of Applicant

6/11/16

Date

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date






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To: HallKeen Management
Re: Release to Obtain Information

In consideration for being permitted to apply for this apartment at Keen's Crossing, Winooski, VT, I, Applicant, do represent all information in this application to be true and accurate and that owner/ manager/employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant authorize any person or credit/criminal background checking agency having any information on me, to release any and all such information to the owner/manager/employee/agent or credit checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over 18 must sign below.

Applicant  009-76-2210 6/11/2016
Signature Social Security # Date
HILLARY LIGHT
Print Name

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name

Applicant _____
Signature Social Security # Date

Print Name