



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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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



KEEN'S CROSSING  
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**RENTAL APPLICATION**

**PRIMARY APPLICANT**

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Initial if over 18 years of age \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_  
 License/ID #: \_\_\_\_\_ State/Country Issued: \_\_\_\_\_

**ADDITIONAL APPLICANTS**

2. \_\_\_\_\_ SS#: \_\_\_\_\_  
 Telephone#: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 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)

|   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native   | <input type="checkbox"/> Black African American                 |
| <input type="checkbox"/> White                            | <input type="checkbox"/> American Indian/Alaskan and White      |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Asian and White                        |
| <input type="checkbox"/> Hispanic Descent                 | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Black African American and White |   |

**PRIMARY APPLICANT INFORMATION**

**Present Address:** \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Dates: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ RENT / OWN  
 Landlord/Lender: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Previous Address:** \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Dates: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ RENT / OWN  
 Landlord/Lender: \_\_\_\_\_ Phone: \_\_\_\_\_

**ADDITIONAL APPLICANT INFORMATION**

**#2's Present Address:** \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 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: \_\_\_\_\_



## KEEN'S CROSSING

at Winooski Falls

Dates: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ RENT / OWN  
Landlord/Lender: \_\_\_\_\_ Phone: \_\_\_\_\_

### **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: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_

#### ***Previous Employer or Income Source:***

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

### **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: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
Position: \_\_\_\_\_ 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: \_\_\_\_\_



**#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 ☐ 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 ☐ No \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Applicant #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Applicant #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Applicant #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Applicant #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_



**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





**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 \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name