

HINSDALE PROPERTIES
Irene C. Hinsdale, owner
294 North Winooski Avenue
Burlington, VT 05401
(802) 862-1148 - FAX 860-3328
HinsdaleProperties@gmail.com

Please complete this form in full. Failure to give full and accurate information may delay the process or result in denial. Everyone that will be living in the apartment needs to fill out an application. A Credit Report will be done on each applicant/co-signer. There is a **\$10.00 fee per Credit Report**. Fee is waived if applications are submitted with a credit report(s) less than 2 months old. You may access your credit report at www.annualcreditreport.com. To hold the apartment, we require a **security deposit** in the amount of (1) month's rent in the form of a **cashier's check** from the bank or **money order**. We do not accept cash or personal checks for the deposit. Do not include the application fee in the security deposit check.

HP Apartment address: _____ Unit #: _____

Requested move in date: _____ Date apartment available: _____

Name _____
(first) (middle) (last)

Phone numbers: home: _____ work: _____ cell: _____

Email address: _____

Social Security # _____ - _____ - _____ Date of Birth ____/____/____

Are you a student? Yes: _____ No: _____
Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____ Grad: _____ Medical: _____

ADDRESSES (start with current) DATES RENTED

1. _____ to _____
(Street) (City) (State)

Landlord: _____ Phone #: _____

2. _____ to _____
(Street) (City) (State)

Landlord: _____ Phone #: _____

3. _____ to _____
(Street) (City) (State)

Landlord: _____ Phone #: _____

Have you ever been evicted or denied a lease renewal? Yes: _____ No: _____
If yes, please explain: _____

Do you have any pets? Yes: _____ No: _____

Type: _____

Do you currently have Renter's Insurance? Yes: _____ No: _____
Have you ever been arrested, or convicted of a crime? Yes: _____ No: _____

If yes, explain: _____

Do you smoke? Yes: _____ No: _____

EMPLOYMENT HISTORY

* Please use #1 as your current employment

1. Employer: _____ Dates employed: _____ to _____
Job Title: _____ Supervisor: _____
Telephone #: _____ Annual Salary/Hourly wage: _____

2. Employer: _____ Dates employed: _____ to _____
Job Title: _____ Supervisor: _____
Telephone #: _____ Annual Salary/Hourly wage: _____

Please list any other sources of income (include monthly amount): _____

OTHER PEOPLE THAT WILL BE RESIDING AT APARTMENT

1. _____ (Name) (Phone)	4. _____ (Name) (Phone)
2. _____ (Name) (Phone)	5. _____ (Name) (Phone)
3. _____ (Name) (Phone)	6. _____ (Name) (Phone)

In case of an emergency, list names and phone numbers of people to contact:

1. _____ (Name)	(Phone)	(Relation)
2. _____ (Name)	(Phone)	(Relation)

I allow Hinsdale Properties to check my references and my credit with the Credit Bureau Services of Vermont to evaluate my qualifications as a potential tenant; to evaluate my qualifications if the lease is to be renewed; and for rent collection purposes if required. Owner is allowed by contract with CBSV to report any rent delinquency or eviction proceedings to CBSV. Owner warrants that any verifications are for the purpose of entering into a rental agreement, lease renewal, or for rent collection purposes, and further warrants that any information derived from credit reports or other sources will be kept confidential and not revealed to any outside party. I understand that the information I have provided in this application and on my credit report will be used to determine my eligibility for housing. I allow Hinsdale Properties to verify all references. I warrant that the information supplied is true and correct, and that I am at least 18 years of age. I understand that providing false or misleading information will result in the denial of this application for rental housing.

Signature of Applicant

Date

WE DO BUSINESS IN ACCORDANCE WITH FEDERAL FAIR HOUSING LAW.
MEMBER OF APARTMENT OWNERS, INC.