



55-57 Winter Haven Road • Shelburne, VT 05482

Mail Completed Application to:

Jennifer Ovitt
c/o Haydenberry Commons
5 Acorn Drive, Suite 100
Milton, VT 05468

Leasing: 802-891-9647
www.maplewoodvt.com
Email: info@maplewoodvt.com

HOUSING FOR PERSONS 55 YEAR OF AGE OR OLDER
Application Form

I am interested in: One Bedroom Two Bedroom

Desired Date of Occupancy: As soon as possible Wait List Only

DATE: APARTMENT NUMBER (FOR OFFICE USE)

IT IS UNDERSTOOD AND AGREED THAT IF ANY OF THE FOLLOWING INFORMATION PROVIDED BY THE APPLICANT IS FALSE OR MISLEADING, THE FULL AMOUNT PAID BY THE APPLICANT WILL BE FORFEITED.

NAME: SS#: DOB:
DRIVER'S LICENSE #: TELEPHONE #: H: W: CELL:
E-MAIL ADDRESS:

PARTNER: SS#: DOB:

IF APPLICANT DOES NOT HAVE EITHER FIVE YEARS OF RENTAL HISTORY OR HOME OWNERSHIP, A CO-SIGNER MAY BE REQUIRED. (SEE BACK OF FORM)

PRESENT ADDRESS: ZIP: OWN: RENT: OTHER:
DATE: FROM: TO: MONTHLY RENT: UTILITIES:
NAME ON LEASE: NUMBER OF OCCUPANTS:
LANDLORD: TELEPHONE #:
REASON FOR LEAVING:

PREVIOUS ADDRESS: ZIP: OWN: RENT: OTHER:
DATE: FROM: TO: MONTHLY RENT: UTILITIES:
NAME ON LEASE: NUMBER OF OCCUPANTS:
LANDLORD: TELEPHONE #:
REASON FOR LEAVING:

PREVIOUS ADDRESS: ZIP: OWN: RENT: OTHER:
DATE: FROM: TO: MONTHLY RENT: UTILITIES:
NAME ON LEASE: NUMBER OF OCCUPANTS:
LANDLORD: TELEPHONE #:
REASON FOR LEAVING:

SOURCE OF INCOME (SELF): ADDRESS:





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By this authorization, I hereby forever release, discharge, exonerate, hold harmless and indemnify Maplewood Village/ Black Bay Ventures XII, LLC, and their affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them, from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander invasion of privacy, related tort claims, misuse of the information obtained, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Maplewood Village/Black Bay Ventures XII, LLC, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law. I understand that a photocopy, facsimile or scanned copy of this signed document shall be considered as valid as an original.

I have been informed that my credit will be used to evaluate my qualifications as a potential tenant. Any information derived from credit reports or other sources will be kept confidential and not revealed to any outside party. 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.

By typing my name above and checking this box, I acknowledge that my statements are true and accurate and that I am bound to this agreement the same as by affixing my signature.

APPLICANT'S SIGNATURE: DATE:

PARTNER'S SIGNATURE: DATE:

CO-SIGNER/GUARANTOR'S PRINTED NAME: TELEPHONE:

ADDRESS: ZIP:

SOCIAL SECURITY NUMBER: DOB:

CO-SIGNER/GUARANTOR'S SIGNATURE: DATE:

MAPLEWOOD VILLAGE/BLACK BAY VENTURES XII, LLC, LLC IS AN EQUAL OPPORTUNITY HOUSING PROVIDER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, SEXUAL ORIENTATION, AGE, MARTIAL STATUS, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, FAMILIAL STATUS OR HANDICAP OF A PERSON, OR BECAUSE A PERSON IS A RECIPIENT OF PUBLIC ASSISTANCE, INCLUDING SECTON 8 HOUSING ASSISTANCE.