



5 Acorn Drive, Suite 100 • Milton, VT 05468  
Leasing: 802-891-9647  
www.haydenberry.com  
info@haydenberry.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: \_\_\_\_\_



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SOURCE OF INCOME (SELF): \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
SALARY: \_\_\_\_\_ POSITION: \_\_\_\_\_ OTHER INCOME: \_\_\_\_\_ HOURS WK: \_\_\_\_\_ PERMANENT: \_\_\_ TEMP: \_\_\_

SOURCE OF INCOME (PARTNER): \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
SALARY: \_\_\_\_\_ POSITION: \_\_\_\_\_ OTHER INCOME: \_\_\_\_\_ HOURS WK: \_\_\_\_\_ PERMANENT: \_\_\_ TEMP: \_\_\_

HOW MANY ADDITIONAL OCCUPANTS? \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_

HAVE YOU OR YOUR SPOUSE/Partner EVER:  
YES \_\_\_ NO \_\_\_ BEEN SERVED AN EVICTION NOTICE OR BEEN ASKED TO VACATE THE PROPERTY YOU WERE RENTING?  
YES \_\_\_ NO \_\_\_ BEEN EVICTED?  
YES \_\_\_ NO \_\_\_ BROKEN OR IN ANY MANNER FAILED TO HONOR YOUR LEASE?  
YES \_\_\_ NO \_\_\_ FILED BANKRUPTCY?  
YES \_\_\_ NO \_\_\_ BEEN CONVICTED OF A FELONY?  
YES \_\_\_ NO \_\_\_ DO YOU PAY CHILD SUPPORT OR ALIMONY?

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN:  
\_\_\_\_\_

I warrant that the information supplied is true and correct, and that I am at least 55 years of age. It is understood and agreed that if any of the above information is false or misleading or if the applicant(s) later desire to withdraw this application for any reason, the full amount paid by applicants will be forfeited. Landlord or its agent may request that applicants provide a current Consumer Credit Report on the applicant and/or guarantor. If applicants and/or co-signers/guarantors do not have a current Consumer Credit Report, **(within 45 days)** applicant can request landlord or it's agent to order a current Consumer Credit Report. Applicants agree to execute a lease and pay all sums due, within 7 days after approval of this application. This application is subject to final approval by the property owner. I authorize Haydenberry Commons/Black Bay Ventures IX, LLC to request any information pertaining to this rental application from all the names listed on this application.

I hereby authorize Haydenberry Commons/Black Bay Ventures IX, LLC, and its designated agents and representatives (individually), to conduct a comprehensive background check that includes any one or all of the following: consumer and/or business credit report, past employment and tenancy, criminal, drug, and driving records. I understand that one or more of the above-referenced checks may require additional written authorizations and consents, and I hereby agree to provide all such further written authorizations and consents.



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I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to Haydenberry Commons/Black Bay Ventures IX, LLC.

By this authorization, I hereby forever release, discharge, exonerate, hold harmless and indemnify Haydenberry Commons/Black Bay Ventures IX, 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 Haydenberry Commons/Black Bay Ventures IX, 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:** \_\_\_\_\_

**HAYDENBERRY COMMONS/BLACK BAY VENTURES IX, 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.**

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