

The Woolen Mill
20 West Canal Street
Winooski, VT 05404
Tel: (802) 655-1186 Fax: (802)655-6522
Email: manager@woolen-mill.com

Woolen Mill Rental Application

We thank you for your application. Please help us promptly process this application by clearly completing all of the required information.

Date of Application _____

Type and Size of Unit Requested (specific unit # if known) _____

Desired Occupancy Date _____

Price Range of unit requested _____

How did you hear about The Woolen Mill? _____

PERSONAL INFORMATION

Applicant's Full Name _____

Date of Birth _____

Social Security # _____

Driver's License # and State of issue _____

Home Phone # _____ Mobile Phone # _____

Work Phone # _____ Email Address _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone # _____

Address _____ Email address: _____

In the event of serious illness, death, or other circumstances that would make you unavailable, the emergency contact will be allowed access to your unit. Please check one YES NO



EQUAL HOUSING
OPPORTUNITY

Managed by The Shoreline Corporation

RESIDENCE HISTORY

PRESENT RESIDENCE ADDRESS _____

City _____ State _____ Zip Code _____

Please check one of the following Rent Own

Length of Time at Present Address _____

Present Landlord or Mortgage Holder _____

Landlord or Mortgage Holder's Telephone # _____

Fax # (for purpose of sending out verification) _____

Amount of Rent or Mortgage \$ _____ Reason for Moving _____

PREVIOUS RESIDENCE ADDRESS _____

City _____ State _____ Zip Code _____

Please check one of the following Rent Own

Length of Time at Previous Address _____

Previous Landlord or Mortgage Holder _____

Landlord or Mortgage Holder's Telephone # _____

Fax # (for purpose of sending out verification) _____

Amount of Rent or Mortgage \$ _____ Reason for Moving _____

List previous states resided in _____

EMPLOYMENT/ INCOME INFORMATION

PRESENT STATUS: Employed Full-Time Part-Time Unemployed

Retired Student

EMPLOYED BY: _____ How Long? _____

Employer's Address _____

Position Held _____ Department _____

Supervisor _____ Supervisor's Telephone # _____

Supervisor's Fax. # _____ Present Income \$ _____ per _____

ADDITIONAL OR PREVIOUS EMPLOYMENT: _____ How Long? _____

Employer's Address _____

Position Held _____ Department _____

Supervisor _____ Supervisor's Telephone # _____

Supervisor's Fax. # _____ Present Income \$ _____ per _____

EMPLOYMENT/ INCOME INFORMATION (CONTINUED)

OTHER INCOME (Social Security, Pensions, Income from Assets, Alimony, Etc.)

Please list Type and Annual Amount

_____ \$ _____
_____ \$ _____
_____ \$ _____

IF STUDENT, LIST SCHOOL _____

Address of School _____

Are you a Full-Time Student? YES NO

Present Grade Level _____ Expected Date of Graduation _____

GUARANTOR NAME _____

Guarantor Telephone # _____

Relationship to Guarantor _____

ADDITIONAL HOUSEHOLD MEMBERS

List all other persons under the age of 18 who will occupy the apartment

Name _____ Social Security # _____

Date of Birth _____ Relationship to Applicant _____

Name _____ Social Security # _____

Date of Birth _____ Relationship to Applicant _____

Name _____ Social Security # _____

Date of Birth _____ Relationship to Applicant _____

ADDITIONAL INFORMATION

Have you ever been asked to leave an apartment by a landlord? YES NO

Have you ever been evicted? YES NO

If yes, please explain the circumstances _____

Have you ever been charged with a crime? YES NO

Do you own pets? YES NO

If yes, please list number and type of pet _____

VEHICLE INFORMATION

(The Woolen Mill Associates shall allow one vehicle per occupant with a maximum of two vehicles per apartment)

Make/Model _____ Year _____ Color _____

License Plate # _____ State of Issue _____

Office Use Only: Permit Assignment: _____ Color: _____

AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING:

In considering this application from you, Management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent the accuracy of the information, and you authorize Management to verify any information that you have included. In addition, you authorize Management the right to conduct a credit and criminal background check. Applicant will be rejected for either falsifying or misrepresenting any information on this application.

Signature _____ Date _____

*** All applicants over 18 must execute a separate landlord and employment verification authorization form. Applications are not considered complete without these verifications.**

The Woolen Mill
20 West Canal Street
Winooski, Vermont 05404
Tel: 802 655 1196
Fax: 802 655 6522
E-mail: manager@woolen-mill.com

The Woolen Mill

Date _____

Employment Verification

RE: _____
(Applicant Name)

Employer Name _____

Telephone # _____

Fax # _____

Address _____ City _____ Zip Code _____

To whom it may concern:

The above referenced individual has recently applied for an apartment at The Woolen Mill. It is necessary for us to obtain an employment reference for all our prospective residents and your name was given as the applicant's present/former employer. We would appreciate your answering the following questions and returning this letter to us as soon as possible.

Sincerely,

I hereby authorize the release of the requested information.

Tammy Taylor
Property Manager

(Signature of Applicant/Tenant)

Please supply us with the following information:

1. Employed since _____ Occupation _____
2. Base Pay Rate (check one) Per Hour _____ OR Per Week _____ OR Per Month _____
Date present rate effective: _____
Average hours per week at Base Pay Rate:
_____ Weeks OR _____ Months worked per year
Total anticipated Base Pay Earnings for the next 12 calendar months _____
Effective date of next pay increase _____ New rate of \$ _____ per _____
3. Overtime Pay Rate: \$ _____ per hour.
4. Other compensation not included above: (Specify for commissions, bonuses, tips, etc.)
For _____ \$ _____ per _____
5. A Medical Insurance Premium of \$ _____ is deducted _____ per week _____ per month.

Name (print)

Signature

Date

Title

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Fax: (802) 655-6522

Landlord Verification Form

Date: _____

Current/Previous Landlord:

Telephone #: _____

RELEASE OF RESIDENT HISTORY INFORMATION:

I _____, authorize the release of all information on this Landlord Verification Form. I understand it will be used only to determine my eligibility to this housing program.

Signature of Applicant

Date

TO WHOM IT MAY CONCERN:

The person whose name appears above has applied for housing at our property and has given your name as a current or former landlord. Our tenant selection policy requires us to verify certain information about all members of families applying for admission to our development. Please complete this form and fax it back to us at 802-655-6522 or mail it in the enclosed envelope. Final action on this applicant will be deferred until we receive your reply. Information will be used only to determine applicant's eligibility.

Thank you for your assistance.

Current/Previous Address: _____

Landlord's Name: _____

Current Previous Other



G. Would you re-admit this applicant to your property? Yes No

H. Additional Comments: _____

NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION
(PRINT)

TELEPHONE NUMBER

SIGNATURE

DATE

