

Please email or text a scan or good photo of both pages for each adult applying for the apartment, thank you!

Jane/Donald: 802-222-0617 or email: management.clayhill@gmail.com

Visit www.RentPrep.com or call us at 1-888-877-8501



APPLICATION FOR RENTAL

* We suggest using password protection if sending by email, or you can leave the SS# blank and tell us by phone

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

APARTMENT	RENT	START DATE	AGENT/REFERRED BY	
APPLICANT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE ()	WORK PHONE ()	EMAIL	
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
OTHER OCCUPANTS				
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER				
LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER				
PETS <i>Dogs: Breed, Age, Weight, Hours/day left alone</i>				
PETS?	DESCRIBE			
EMPLOYMENT & INCOME INFORMATION				
1. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ()	START DATE	END DATE
2. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ()	START DATE	END DATE
1. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
EMERGENCY CONTACT				
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
PERSONAL REFERENCES				
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP	

BACKGROUND INFORMATION**HAVE YOU EVER:**

Filed for bankruptcy?

Willfully or intentionally refused to pay rent when due?

Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name.

☐ Yes ☐ No

Been convicted of a crime? If yes, please provide Type of Offense, County, and State.

☐ Yes ☐ No**VEHICLE INFORMATION**

1. MAKE & MODEL

YEAR

LICENSE NO. & STATE

2. MAKE & MODEL

YEAR

LICENSE NO. & STATE

OTHER VEHICLES

OTHER INFORMATION

HOW DID YOU HEAR ABOUT THIS PROPERTY?

PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION

I/we, the undersigned, authorize Fidelis Screening Solutions, LLC, Landlord and its agents to obtain an investigative consumer credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold Fidelis Screening Solutions, LLC, Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information.

Important information about your rights under the Fair Credit reporting Act:

- You have a right to request disclosure of the nature and scope of the investigation.
- You must be told if information in your file has been used against you.
- You have a right to know what is in your file, and this disclosure may be free.
- You have the right to ask for a credit score (there may be a fee for this service).
- You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

These reports are being processed by Fidelis Screening Solutions, LLC, 4534 Clinton St. Ste. 2, West Seneca, NY 14224.

A summary of your rights under the Fair Credit Reporting Act is available by visiting (Para información en español, visite o escriba): <http://www.consumerfinance.gov/learnmore> or writing Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

Applicant agrees to pay a non-refundable application fee of: \$ 0

(Signed/Applicant)

Date

