

Management Initials _____ Approved _____ Denied _____ Cancelled _____ Date

Application to Rent

A separate application is required of each party over the age of 18.

CERSOSIMO INDUSTRIES, INC. ♦ WESTBROOK COURT

Attn: Vicki Gragen
P. O. Box 156
Brattleboro, VT 05302
(802) 257-4313 Phone (802) 257-0721 Fax

Name of Applicant Social Security No. Home/ Cell Phone No.

Present Address (number, street, city, state, and zip code) Length of Occupancy
This residence is: () Own Home () Parent's Home () Rented home () Rented Apartment () Student Housing

Monthly Rent Present Landlord or Mortgage Company Address Phone No.

Former Address (number, street, city, state, zip code) Length of Occupancy
This residence is: () Own Home () Parent's Home () Rented home () Rented Apartment () Student Housing

Monthly Rent Present Landlord or Mortgage Company Address Phone No.

Current Employer Full Address Phone No.

Position or Title Annual Income Length of Employment

Former Employer Full Address Phone No.

Position or Title Annual Income Length of Employment

Other Sources of Income Amount When Received

Driver License Number State Issued Expiration Date Management Verification

Automobile Make (1)	Model and year	License Plate No.	State
Automobile Make (2)	Model and year	License Plate No.	State

Savings Account Bank Name	Address	Account No.
Checking Account Bank Name	Address	Account No.

Pets that will be in the apartment	Management Approval
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In case of emergency notify (Name, relationship, address, phone no.)

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CHARGED WITH OR CONVICTED OF A CRIME, INCLUDING BUT NOT LIMITED TO ILLEGAL MANUFACTURING OR DISTRIBUTION OF A CONTROLLED SUBSTANCE?
 No () Yes () If yes, please explain

Initial here to indicate that you have read, understand and answered the above question appropriately: _____

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME REGISTRATION REQUIREMENT UNDER ANY STATE SEX OFFENDER REGISTRATION PROGRAM?
 No () Yes () If yes, please explain

Initial here to indicate that you have read, understand and answered the above question appropriately: _____

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAD ANY LITIGATION SUCH AS BANKRUPTCIES, FORECLOSURES, EVICTIONS OR JUDGMENTS AGAINST YOU OR ANYONE WHO WILL OCCUPY THE APARTMENT?
 No () Yes () If yes, please explain

Initial here to indicate that you have read, understand and answered the above question appropriately: _____

Please list all other persons who will occupy the apartment:

Name	Relationship to applicant	Over 18? (Yes/No)	Full-time Student? (Yes/No)

**THE AREA BELOW IS TO BE COMPLETED BY MANAGEMENT
BEFORE APPLICANT SIGNS THE APPLICATION**

Apartment Address: _____

Apartment type: _____ Lease Term: _____

Start date: _____ End date: _____

Move-in date: _____ Rent Begins: _____

Base Rent per month: _____ Security Deposit: _____

Rent is due and payable on the first day of each month.

Maximum occupancy is two residents per studio, two residents per one bedroom, three residents of non-familial status per two bedroom or four residents of familial status per two bedroom, and three residents of non-familial status per three bedroom or six residents of familial status per bedroom. Due to size limitations and local codes, the number of residents allowed per apartment may be less at some properties.

Pets are allowed only with prior management approval.

Pursuant to state and federal law, management shall not make any inquiry concerning the race, religion, color, national origin, sex, age (except if a minor), ancestry, marital status, handicap status, or concerning the fact that the applicant is a veteran or a member of the armed forces.

Management is not responsible for the loss of personal belongings caused by fire, theft, smoke, water or otherwise unless caused by their negligence. It is the resident's responsibility to insure his or her personal property.

This application and deposit are taken subject to previous applications. This application is preliminary only and does not obligate Owner or Management to execute a lease or deliver possession of the proposed premises.

I/We declare that the statements are true and I/we hereby authorize verification of the above and a credit check, credit reports and other information. I/We further authorize that the credit check, credit reports and other information may be ongoing and done at any time applicant is a resident of the apartment unit or any time after the applicant has vacated the apartment unit for account review purposes, other legitimate purposes associated with this account or if the applicant owes landlord money for, including but not limited to past rent due, damages, attorney's fees or court costs. Applicant understands that any bad credit actions will be reported to the credit bureau. **Misrepresentation or false statements including the failure to disclose material facts, on this application by Lessee about themselves or any occupant of the unit will result in immediate terminate of the lease and eviction.**

I further authorize and understand that a credit check and a criminal records check will be done.

Applicant Signature

Date

Additional Occupant Signature

Date