

VALLEY CARES, INC.
RENTAL APPLICATION
WEST RIVER VALLEY SENIOR HOUSING

Please return completed application to:

Valley Cares, Inc.
P.O. Box 341
Townshend, VT 05353

TEL: 802-365-4115
FAX: 802-365-4910
TTY: 802-365-4115

INSTRUCTIONS: Please print clearly. Incomplete applications will be returned.

FAMILY COMPOSITION:

Complete the following information for each person who will live in your apartment

NAME	SOCIAL SECURITY #	D.O.B.	SEX	RELATIONSHIP
A. _____	____-____-____	_____	_____	Head of household
B. _____	____-____-____	_____	_____	_____

What is your current address? _____

Please list your mailing address if different from above: _____

Phone number: _____

Is this your home phone, message, or cell phone? _____

Email address: _____

How long have you lived at your current address? _____

Do you rent? Yes No; If yes, who is your Landlord? _____

Landlord's Phone: _____ Landlord's address _____

Do you own your home? Yes No; Market Value \$ _____

If yes please send copy of current property tax bill

Do you live with others? Yes No

If yes, please explain your living arrangements: _____

PREVIOUS HOUSING:

Fill out the information for all the places you have lived in the past 5 years, not including your present housing. Attach a separate sheet of paper if needed:

ADDRESS	DATES RENTED	LANDLORD'S NAME
A. _____	_____ TO _____	_____

Landlord's Address & Phone: _____

ADDRESS	DATES RENTED	LANDLORD'S NAME
B. _____	_____ TO _____	_____

Landlord's Address & Phone: _____

INCOME:

Please list **ALL** sources of income for each member of your family who will live in your apartment. Be sure to list where the income comes from. *(If available, provide copies of all income and asset verifications with you when returning the application).*

EMPLOYMENT INCOME:

APPLICANTS	EMPLOYER ADDRESS	GROSS WEEKLY SALARY
A. _____	_____	\$ _____

B. _____	_____	\$ _____
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OTHER INCOME: (Enter current Gross Social Security Monthly Amount. If listing a pension or annuity please include name and mailing address where this is from.)

APPLICANTS	TYPE OF INCOME (SS/SSI/GA/Pension/Annuity)	GROSS MONTHLY
A. _____	_____	\$ _____

B. _____	_____	\$ _____
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ASSETS:

Any cash on hand \$ _____ (ie; money in a safe deposit box)

Please list all accounts held by applicant. Attach a separate sheet of paper if needed to include the mailing address for the Bank/Institution.

BANK/INSTITUTION	TYPE OF ACCT	INTEREST RATE %	CURRENT BALANCE
A. _____	_____	_____	\$ _____

B. _____	_____	_____	\$ _____
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IRA/Keogh /Stocks

NAME of STOCK	# of SHARES	SHARE PRICE	CASH VALUE	QTRLY DIVIDEND
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Bonds

DATE OF PURCHASE	CURRENT VALUE
_____	\$ _____
_____	\$ _____

Does applicant own real estate other than the home you live in? YES NO
If yes, what is the location? _____ Market value \$ _____

Does anyone applying own any other asset not already listed? _____

Has anyone applying disposed of any assets in the last 2 years? _____
If yes Please explain. _____

GENERAL INFORMATION:

Are you in need of a wheelchair accessible apartment? YES NO

Has anyone in your household ever been convicted of a felony/crime, including but not limited to illegal manufacture or distribution of a controlled substance? YES NO

If yes, please explain: _____

Do you have any pets? YES NO Type: _____ Numbers _____

Do you own a motor vehicle? YES NO Make _____ Model _____

How did you hear about Valley Cares, Inc.? _____

Wait list you wish to be placed on: Independent Living Assisted Living

FAMILY CONTACT:

Please provide the name of any family or friends you would like involved in this application process. Please also list any family or friends we may contact if we are unable to reach you.

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

Applicants must be 62 years of age or older. In some cases, disabled applicants over the age of 18 may be appropriate for an Assisted Living unit. Eligibility will be determined by an individual assessment.

There is no smoking permitted on the property of West River Valley Senior Housing

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION:

I understand that the information contained in this application will be used to determine my eligibility for housing. I grant consent for the management to make any and all inquiries to verify the information, with rental, criminal and credit screening services, and to contact previous and current landlords or other sources for credit and verification of other information which may be released to appropriate Federal, State and Local agencies. I authorize management to obtain one or more “credit and consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

In the event that my application is approved, I also give Valley Cares, Inc. and/or its assigned credit bureau to obtain additional credit reports and other information after approval of my credit, both in connection with the same Transaction or an extension of credit; to obtain credit reports and other information for account review purposes and other legitimate purposes associated with the account.

Furthermore, I understand that providing any false or misleading information will make me ineligible for rental assistance and may result in prosecution by the United States Government. Therefore, I certify that all of the above information is true and complete to the best of my knowledge and belief.

HEAD OF HOUSEHOLD DATE APPLICANT #2 DATE

