



Maples Senior Living Community
5 General Wing Rd
Rutland, VT 05701
Tel: (802) 776-1001
Fax: (802) 776-1002

Please complete all applicable areas of application

I am interested in a

- one bedroom apartment
 two bedroom apartment

Desired Date of Occupancy

- As soon as possible
 Within six months
 Just looking. Put me on waiting list

PERSONAL INFORMATION

Applicant's Name: _____
First Middle Last
Telephone Number: _____ Date of Birth: _____ SS # _____

Co-Applicant's Name: _____
First Middle Last
Telephone Number: _____ Date of Birth: _____ SS # _____

RESIDENTIAL HISTORY

Present Address: _____
Street Apt # City State Zip
Own or Rent? _____ Dates: From _____ to _____ Monthly Payment: \$ _____
Apartment Name or Mortgage Company Name: _____
Landlord's Name & Telephone Number: _____
Reason for Moving: _____
Have you ever been evicted from any leased premises? Yes No
If yes, please explain: _____

EMPLOYMENT/INCOME

Employer's Name: _____
Address: _____
Supervisor: _____ Employed Since: _____ Gross Monthly Salary: \$ _____
Retirement Income (Gross Monthly Income)
Social Security \$ _____ Pension Plan: \$ _____ Other Income \$ _____

CREDIT HISTORY

Checking Acct #: _____
Bank Name & Address: _____
Savings Acct #: _____
Bank Name & Address: _____

Credit Cards:

Account # _____ Bank Name _____ Monthly Payment _____
 Account # _____ Bank Name _____ Monthly Payment _____
 Account # _____ Bank Name _____ Monthly Payment _____
 Account # _____ Bank Name _____ Monthly Payment _____

VEHICLE INFORMATION

Do you or the co-applicant own a car? _____ Yes _____ No If yes, please list vehicles:

Year, Make & Model	Color	License Plate & State
Year, Make & Model	Color:	License Plate & State
Applicant's Driver's License #: _____		
Co- Applicant's Driver's License #: _____		

EMERGENCY/ETC.

Have you or the co-applicant ever been convicted of a felony? _____ Yes _____ No
If yes, please explain: _____

Emergency Contact (nearest relative, not living with you):

Name	Address	City	State	Zip
Relationship: _____	Home Phone _____	Other Phone _____		

In the event of serious illness or death of resident, the above emergency contact is _____ is not _____ authorized to enter the apartment and remove all contents:

The applicant(s) represent that all the above statements are true and complete, and hereby authorizes verification of the above information. Verification shall include, but not be limited to the procurement of a personal credit history. Credit history(ies) will be used to qualify the applicant(s) as well as to collect outstanding debt at termination, if necessary. Applicant(s) acknowledge that false information herein may constitute grounds for rejection of the application, termination of occupancy and may constitute a criminal offence under the laws of this state.

I, the undersigned Applicant(s), have read and agree to all provisions of this application. If I have not provided a recent credit history (within 6 months of date of application) with this application, I expressly give the management company to obtain a credit history.

Applicant's Signature: _____ Date _____

Print Name: _____

Co-Applicant's Signature: _____ Date _____

Print Name: _____

Owner/Management Agent Signature _____