



RENTAL APPLICATION

Franklin Homestead, Inc.
142 Homestead Drive
Franklin, Vermont 05457-9702
Phone (802)285-2944 | Fax (802)285-2919

For Office Use Only:

Date Received:
 Preference #:
 Annual Income:

Please indicate which building you are applying for by checking one of the following:

Franklin Homestead Franklin Carriage House

1. Are you a full or part time resident of the Town of Franklin? **OR** have a relative who is?
 If applicable, please provide Name, Address, and Relationship of relative below:

2. Are you a resident of? Berkshire Highgate Sheldon

3. Are you currently without housing? If so, explain below:

4. Are you in need of more care than your current situation? If so, explain below:

5. Why do you want to move to this location?

6. Would you be interested in and/or able to contribute to activities at the Homestead and/or Carriage House?
 If yes, please describe:

Thank you for your interest in our facility. Please help us process your application by filling out the information requested on this form. Please answer all questions carefully and completely.

1. Please provide the information below for all household members:

Applicant #1-First			Middle			Last			Relationship <i>Head of Household</i>		
Social Security Number - -			Full Time Student Yes <input type="checkbox"/> No <input type="checkbox"/>			Date of Birth (mm/dd/yyyy) / /			Sex M <input type="checkbox"/> F <input type="checkbox"/>		
Home Phone Number						Cell Phone					
E-mail						Preferred Communication E-mail <input type="checkbox"/> Mail <input type="checkbox"/>					
Current Address						Mailing Address (if different than current)					
Address Line 2						Address Line 2					
City		State		Zip		City		State		Zip	
Applicant #2-First			Middle			Last			Relationship		
Social Security Number - -			Full Time Student Yes <input type="checkbox"/> No <input type="checkbox"/>			Date of Birth (mm/dd/yyyy) / /			Sex M <input type="checkbox"/> F <input type="checkbox"/>		

2. Is there anyone who is currently helping you with housing that you would like us to contact on your behalf?

Name	Phone Number
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3. Please answer the following information about your current living situation:

Do you currently: Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> (Please Explain Below)	When did you move to your current address? (mm/yy) /		
Current Landlord (If applicable)	Landlord Address		
Landlord Phone Number	Address Line 2		
Landlord E-mail	City	State	Zip

4. Please list all places you have lived in the past five (5) years. (Excluding current housing)

Applicant Name			Dates you lived there (mm/yy) / TO /	
Previous Address			Landlord Name	
Previous Address Line 2			Landlord Phone Number	
City	State	Zip	Landlord E-mail	
Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> If other, please explain:				

Applicant Name			Dates you lived there (mm/yy) / TO /	
Previous Address			Landlord Name	
Previous Address Line 2			Landlord Phone Number	
City	State	Zip	Landlord E-mail	
Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> If other, please explain:				

Applicant Name			Dates you lived there (mm/yy) / TO /	
Previous Address			Landlord Name	
Previous Address Line 2			Landlord Phone Number	
City	State	Zip	Landlord E-mail	
Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> If other, please explain:				

Applicant Name			Dates you lived there (mm/yy) / TO /
Previous Address			Landlord Name
Previous Address Line 2			Landlord Phone Number
City	State	Zip	Landlord E-mail
Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> If other, please explain:			

5. Please provide three (3) personal character references, *other than family*. (Ex: Neighbors, friends, Franklin County Home Health, Champlain Valley Agency on Aging, Etc.)

Reference #1-Name	Address	Phone Number	Type of Reference
Reference #2-Name	Address	Phone Number	Type of Reference
Reference #3-Name	Address	Phone Number	Type of Reference

6. Please list *monthly* gross income for each household member:

Name	Employment	Self Employment	Pension/Annuity	Social Security	SSI	Other
Name	Employment	Self Employment	Pension/Annuity	Social Security	SSI	Other
Name	Employment	Self Employment	Pension/Annuity	Social Security	SSI	Other

7. Please list assets/bank/investment accounts: (Checking/Savings, Certificate of Deposits, IRAs, Bonds, Etc.)

Household Member Name/Account Holder	Bank/Institution	Type of Account	Current Balance/Value
Household Member Name/Account Holder	Bank/Institution	Type of Account	Current Balance/Value
Household Member Name/Account Holder	Bank/Institution	Type of Account	Current Balance/Value

8. Please list other types of assets

Household Member	Type of Asset	Value of Asset \$	Description/Location of Asset
Household Member	Type of Asset	Value of Asset \$	Description/Location of Asset
Household Member	Type of Asset	Value of Asset \$	Description/Location of Asset
Household Member	Type of Asset	Value of Asset \$	Description/Location of Asset
Household Member	Type of Asset	Value of Asset \$	Description/Location of Asset

9. Do you have any special needs that would require the landlord to make reasonable accommodations?

Yes No If yes, please explain:

10. Do you plan on bringing a vehicle?

Yes No

11. Do you have a pet you intend to bring with you?

Yes No If yes, please explain:

12. Have you ever been convicted of a crime?

Yes No If yes, please explain:

13. How did you hear about us?

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION:

I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

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, or 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 1681 a(d), seeking information on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

In the event my application is approved, I also give my consent to have Franklin Homestead, 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, criminal background checks 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.

Signature – Head of Household	Print Name	Date
Signature – Other Adult Household Member	Print Name	Date

Franklin Homestead and Carriage House Selection Criteria

Households must qualify for an apartment before they move in. Applications must be completed to be considered. Income and assets must be verified following Low Income Housing Tax Credit and/or HOME Program rules for all rent restricted apartments.

To be eligible to be offered an apartment, the household must meet the following criteria:

- At least one household member must be 55 or over.
- The household must be income eligible for the available apartment.
- References must confirm the applicant's ability to meet the terms of the lease.

Applicants who meet the above criteria will be evaluated and given consideration according to the following selection criteria:

- Five apartments which are fully accessible will not be assigned to a non-handicapped household unless there are no handicapped applicants in need of the accessible features of the apartment and until the manager has advertised the availability of the apartment and has contacted advocacy organizations.
- Priority will be given in the following manner:
 1. Full time or part time residents of the Town of Franklin and their relatives.
 2. Residents of Berkshire, Highgate and Sheldon.
 3. All other applicants will be considered.

Tenants will be selected from the above qualified applicants with consideration being given to the following situations:

- Those Without Housing: Persons who are homeless, are – through no fault of their own, about to be evicted or need to move for defined reasons.
- Inappropriate Living Conditions: Current living arrangement does not conform to housing codes, is unsafe, unsanitary, over-crowded, or unsuitable for their present physical and/or emotional conditions or inappropriately living with others.
- Need of Supportive Housing: Those that are in need of 24 hour support services (Carriage House), social services and/or peer support.
- Is Interested and Able to Contribute and/or Participate In the Activities of the Community.