

# Quarry Hill *Condominium Apartments*

255 Quarry Hill RD LLC - 36 Units  
315 Quarry Hill RD LLC - 40 Units  
430 Quarry Hill RD LLC - 55 Units  
440 Quarry Hill RD LLC - 52 Units

270 Quarry Hill Road, South Burlington, VT 05403  
Telephone: (802) 862-5200 / Cell: (802) 233-2563  
QuarryHillClub@aol.com c/o Ralph Deslauriers

## *application to rent*

Date: \_\_\_\_\_ Desired move date Option(s) \_\_\_\_\_ to \_\_\_\_\_ Type of unit Studio \_\_\_\_\_ 1bd \_\_\_\_\_ 2 bd \_\_\_\_\_  
Desired Location and Apt. #: \_\_\_\_\_

### APPLICANT 1

Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Contact #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### APPLICANT 2

Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Contact #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### RENTAL REFERENCES

*Current address:* \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Length of time at address? \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_  
*Current Landlord's Name:* \_\_\_\_\_  
Phone #: \_\_\_\_\_  
*Previous address:* \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_  
*Previous Landlord's Name:* \_\_\_\_\_  
Phone #: \_\_\_\_\_

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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_  
*Previous Landlord's Name:* \_\_\_\_\_  
Phone #: \_\_\_\_\_

### INCOME SOURCES

*Current Employer:* \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Title: \_\_\_\_\_ How long Employed? \_\_\_\_\_  
Income (per hr/wk/m): \$ \_\_\_\_\_  
Unemployed? Write income source: \_\_\_\_\_  
*Previous Employer:* \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Income: \_\_\_\_\_ Wk/Mo/Yr

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Phone #: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Income: \_\_\_\_\_ Wk/Mo/Yr

**EMERGENCY CONTACT**

Contact person: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**VEHICLE INFORMATION**

Type: \_\_\_\_\_ Make: \_\_\_\_\_  
Color: \_\_\_\_\_ Model: \_\_\_\_\_ YR: \_\_\_\_\_  
State: \_\_\_\_\_ License Plate: \_\_\_\_\_

**BACKGROUND INFO**

Dispute with a landlord? Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Convicted of a crime? Pending charges? Explain below:  
\_\_\_\_\_  
\_\_\_\_\_  
Pets? Please list: \_\_\_\_\_

List all household members who will be residing in the prospective rental: \_\_\_\_\_  
\_\_\_\_\_

I hereby make application for an apartment and certify that the above information is true and correct. I authorize you to contact any references. False or intentional omission of requested information would result in automatic denial.

**\*\*I understand that the Landlord or its agent may request a consumer Credit Report from time to time on the applicant and hereby give permission to the Landlord to request a Consumer Report from a local Credit Bureau.\*\***

It is the policy to approve the first qualified applicant. Applications must be fully completed with names, addresses and phone numbers as requested. Applicants who submit incomplete applications will not be given consideration.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*Physical Address \_ Condo Mgmt Office  
315 Quarry Hill Rd  
South Burlington, VT 05403  
First Floor*



**EMERGENCY CONTACT**

Contact person: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**VEHICLE INFORMATION**

Type: \_\_\_\_\_ Make: \_\_\_\_\_  
Color: \_\_\_\_\_ Model: \_\_\_\_\_ YR: \_\_\_\_\_  
State: \_\_\_\_\_ License Plate: \_\_\_\_\_

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Please Scan and return to our email address on Page 1

**Quarry Hill Club - Condo Mgmt Office  
270 Quarry Hill Rd  
South Burlington, Vermont 05403**

Quarry Hill is an equal opportunity housing provider.

We do not discriminate on the basis of race, sex, sexual orientation, age, marital status, religious creed, color, national origin, familial status or handicap of a person, or because a person is recipient of public assistance.