

# Havenside Corporation

P.O. Box 1418, 145 Main Street, Vineyard Haven, Massachusetts  
(508) 693-2280

## PRELIMINARY APPLICATION

If you wish to be placed on the waiting list for an apartment at Havenside, please complete this application and mail it to the above address or call for an appointment to submit it in person. **Please do not apply more than two years in advance of serious interest in renting an apartment.** When an apartment becomes available for you, we will ask for additional information on a separate form. Until then, this application will be kept on file.

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_

If you live here currently, when did your legal residency begin? \_\_\_\_\_

If you do not live on-island, please give the following information, in order to qualify for a Havenside apartment:

Nearest relative on-island: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

Number of years this person has resided on Martha's Vineyard: \_\_\_\_\_

Approximate date you would be ready to move: \_\_\_\_\_

Additional comments or information that might be helpful to us: \_\_\_\_\_

\_\_\_\_\_

I have received and read the information printed in the Havenside Corporation Description and Application packet. I understand it and agree to abide by it. I will also inform Havenside if circumstances change which would affect my application.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_