



Rental Application

What day would you like to move in? _____ Leasing Consultant _____
 How did you hear about us? _____ Original Certification _____
 Desired Bedroom Size: _____ Revised Recertification _____

Head of Household:

 Last First Middle

Social Security Number: _____ - _____ - _____ Date of birth: _____

Marital Status: Single Married Separated Divorced Widowed

Do you have a legal right to be in the United States?
 Yes, because I am a United States Citizen
 Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Service (formerly the U.S. Department of Immigration and Naturalization)
 No

*If you answered "Yes" because you are a non-U.S. citizen with valid Visa documentation, please provide:

Reason you are in the U.S.: _____
 Visa Type: _____
 Visa Expiration Date: _____

Current Address: _____
 Number/Street City State/Zip

How long at Above Address? _____ Current Phone number? _____
 Current Landlord's Name: _____ Phone number: _____
 Monthly Rent Amount: \$ _____
 Do you have a lease? Yes No If yes, what is the expiration date? _____
 Notice given? _____ Have you ever been evicted or sued for non-payment of rent? Yes No
 If yes, please explain: _____

Previous Address: _____
 Number/Street City State/Zip

Former Landlord's Name: _____ Phone number: _____

Vehicle Type: _____ Year: _____ License Plate # _____ State: _____
 Vehicle Type: _____ Year: _____ License Plate # _____ State: _____

Do you have a waterbed? Yes No
 Do you have any pets? Yes No How many? _____ Type/Weight? _____
 Do you have renters insurance? Yes No With whom? _____

The Owner of the unit you are applying for carries insurance on the building only. Neither the Manager nor the Owner of the property is responsible for damage to your personal property.

Head of Household Continued:

Employment Information

Current Employer:

Name: _____
Address: _____

How long employed? _____
Phone number? _____
Supervisor: _____
Salary \$ _____ WK/MO/YR

Past Employment Information:

Name: _____
Address: _____

How long employed? _____
Phone number? _____
Supervisor: _____
Salary \$ _____ WK/MO/YR

Additional Income:

Source	Amount
Source	Amount

In Case of Emergency:

Notify: _____
Relationship: _____
Phone number: _____
Address: _____

****You Must Report All Sources of Income***

Credit Information:

Do you have any judgments? Yes No
Have you ever filed Bankruptcy? Yes No

If yes, explain: _____
If yes, explain: _____

1. Have you ever been convicted of a felony? Yes No
2. Have you ever been convicted of a drug-related crime? Yes No
3. Are you or anyone in your household currently under any indictments in the State or Federal courts? Yes No
4. Do you have an open student loan? Yes No

****This information will appear on a credit report.***

If you answered "Yes" to question #4, please answer the following questions:

- a. Name of person with student loan _____
- b. Date last attended school _____
- c. Name of school attended _____
- d. Location of school _____

All applicants will be subject to a criminal background check.

Any information obtained will be used to determine your eligibility for residency in accordance with the Resident Selection Criteria.

ADDITIONAL INFORMATION REQUIRED FOR MILITARY PERSONNEL:

Duty Station: _____ Base Pay p/month _____
Rank/Rate: _____ BAS/VHA p/month _____
Commanding Officer: _____ Other pay p/month: _____
Home Record: _____ Clothing Allowance: _____

Upon the execution of this lease, do you expect to receive a housing allowance that you are not currently receiving? Yes No
If yes, what monthly amount do you expect to receive over the next twelve-month period? \$ _____ p/month.



Rental Application

Co-Applicant:

_____ Last First Middle

Social Security Number: _____-_____-_____

Date of birth: _____

Marital Status: Single Married Separated Divorced Widowed

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Reason you are in the U.S.: _____

Visa Type: _____

Visa Expiration Date: _____

Current Address:

_____ Number/Street City State/Zip

How long at Above Address? _____ Current Phone number? _____

Current Landlord's Name: _____ Phone number: _____

Monthly Rent Amount: \$ _____

Do you have a lease? Yes No If yes, what is the expiration date? _____

Notice given? _____ Have you ever been evicted or sued for non-payment of rent? Yes No

If yes, please explain: _____

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Co-applicant Continued:

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Phone number? _____
Supervisor: _____
Salary \$ _____ WK/MO/YR

Past Employment Information:

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Address: _____

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Phone number? _____
Supervisor: _____
Salary \$ _____ WK/MO/YR

Additional Income:

Source Amount

Source Amount

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Privacy Protection:

As provided by the Virginia Privacy Protection Act of 1976, anyone who is requested to provide personal information about himself must be informed whether he is legally required to provide such information, or whether he may refuse to supply the information requested. As an applicant for housing financed by the Lender, you are requested to provide certain information that will enable the Landlord to determine your eligibility. The information requested will be used to determine an adjusted annual income, which you and your family receive from all income sources. This is necessary because the Rules and Regulations adopted by the Lender limit eligibility for occupancy to families whose income does not exceed certain established limits. In addition, it is necessary to know the composition of your household so that the proper size of dwelling unit may be authorized for you and your household. Although you are not legally required to provide the information requested, your failure to do so will result in our inability to determine your eligibility for housing in this development.

It is possible that information provided by you will be revealed to others for purpose of confirmation or for other purposes in accordance with the Virginia Freedom of Information Act, but any information so supplied is subject to safeguards of the Virginia Privacy Protection Act.

Applicant’s Statement: I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this application and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this application are true and correct. I/we understand that any false statements in this application will be grounds for rejection/termination of the application or Lease Agreement.

Tenant Consent:

Tenant(s) or prospective tenant(s) do hereby affirm that the Landlord is authorized to disclose and/or release information contained in the Tenant’s files maintained by the Landlord, without further consent being required by the Tenant(s), under the following circumstances:

1. The information is a matter of public record as defined in § 2.2-3701 of the Code of Virginia;
2. The information is a summary of the Tenant’s rent payment record, including the amount of the Tenant’s periodic rent payment;
3. The information is a copy of a material non-compliance notice that has not been remedied or, termination notice given to the Tenant under § 5.5-248.31 of the VRLTA and the tenant did not remain in the premises thereafter;
4. The information is required by the local state, or federal law enforcement or public safety official in the performance of his duties; or
5. The information is otherwise provided in the case of an emergency.

Signature of Applicant: _____ Date: _____
 Signature of Co-Applicant: _____ Date: _____

Owner’s Statement: Based on the representations herein and upon the proof and documentation obtained, the household named in this application and certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in an apartment in this Community. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a qualified resident whose anticipated annual income for the next twelve months does not exceed \$_____.

Signature of Owner or Developer’s Authorized Representative: _____
 Date: _____