



# 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: \_\_\_\_\_

<i>Occupant Name</i>	<i>Relationship</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Head of Household Continued:**

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.***

**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 If yes, explain: \_\_\_\_\_  
Have you ever filed Bankruptcy?  Yes  No If yes, explain: \_\_\_\_\_  
Do you have an open student loan?  Yes  No

**\*This information will appear on a credit report. If you answered "Yes," 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 \_\_\_\_\_

- 1. Have you ever been convicted of a felony?  Yes  No
- 2. Have you ever been convicted of a drug-related crime?  Yes  No

**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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Number/Street City State/Zip

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<i>Occupant Name</i>	<i>Relationship</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Salary \$ \_\_\_\_\_ WK/MO/YR

**Additional Income:**

Source	Amount
_____	_____
_____	_____

**In Case of Emergency:**

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Relationship: \_\_\_\_\_  
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Address: \_\_\_\_\_

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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 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: \_\_\_\_\_