

PARK PROPERTIES MANAGEMENT, Co.

RENTAL APPLICATION

Applicant Full Name:	Co-Applicant Full Name:
Social Security No.: _____ Date of Birth: _____	Social Security No.: _____ Date of Birth: _____
Present Address:	Present Address:
Home Phone:	Home Phone:
PRESENT ADDRESS <input type="checkbox"/> Own <input type="checkbox"/> Rent Rent/Mort.\$ _____ M/I Date _____ Lease Expires _____ Rent paid to or Financed By: _____ Telephone: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent Rent/Mort. \$ _____ M/I Date _____ Lease Expires _____ Rent paid to or Financed By: _____ Telephone: _____
PREVIOUS ADDRESS (If less than 1 year at above address) <input type="checkbox"/> Own <input type="checkbox"/> Rent Rent/Mort.\$ _____ M/I Date _____ Lease Expires _____ Rent paid to or Financed By: _____ Telephone: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent Rent/Mort. \$ _____ M/I Date _____ Lease Expires _____ Rent paid to or Financed By: _____ Telephone: _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY? Applicant- _____ Co-Applicant- _____ IF SO, EXPLAIN NATURE OF CONVICTION – _____	
PERSONS TO OCCUPY APARTMENT IN ADDITION TO APPLICANT(S) NAME: _____ RELATIONSHIP: _____ BIRTH DATE: _____ SSN: _____ _____ _____ _____	
APPLICANT EMPLOYMENT INFORMATION Name and Address of Employer: _____ _____ _____ Length of Employment: _____ Position: _____ Salary: _____ Supervisor: _____ Phone: _____ Fax: _____	CO-APPLICANT EMPLOYMENT INFORMATION Name and Address of Employer: _____ _____ _____ Length of Employment: _____ Position: _____ Salary: _____ Supervisor: _____ Phone: _____ Fax: _____



If employed in current position less than 1 year or if secondary employment is held please complete the following.

Name and Address of Previous Employer:		Name and Address of Previous Employer:	
Length of Employment:		Length of Employment:	
Position:	Salary:	Position:	Salary:
Supervisor:	Phone: Fax:	Supervisor:	Phone: Fax:

Other Income: Amount: \$ _____ Per _____ Source of Income: _____

CREDIT REFERENCES:

Name and Address:	Monthly Pymt.:	Name and Address:	Monthly Pymt.:
Name and Address:	Monthly Pymt.:	Name and Address:	Monthly Pymt.:
Name and Address:	Monthly Pymt.:	Name and Address:	Monthly Pymt.:

Checking Account No.:	Bank/Address:	Checking Account No.:	Bank/Address:
Savings Account No.:	Bank/Address:	Savings Account No.:	Bank/Address:

APPLICANT VEHICLE Year/Make/Model/Color:	CO-APPLICANT VEHICLE Year/Make/Model/Color:
State/Tag#:	State/Tag#:
Financed By:	Financed By:
Payment:	Payment:

IN CASE OF AN EMERGENCY NOTIFY: Name: Relationship	Name: Relationship
Address/Phone:	Address/Phone:

DO YOU OWN A PET?	HOW MANY?
TYPE/BREED:	WEIGHT:



ACKNOWLEDGEMENT AND AGREEMENT

1. Prices subject to change without notice pending full Lease execution.
2. No pets of any kind are permitted in the leased premises without prior written approval.
3. A reservation deposit of \$_____ is hereby accepted. This deposit will be applied to your security deposit at the beginning of your tenancy. In addition, a non-refundable application fee of \$35.00 is hereby accepted to cover the expenses incurred in verifying information furnished by applicant on this application. Inquiries are made to obtain information on your character, general reputation and mode of living. You have the right to make a written request within 30 days from the date of this application, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
4. Upon the signing of this application, payment of the deposit and subsequent approval of applicant by landlord, applicant requests that the type of rental unit described below, be removed from those units available for rental. Applicant understands that this application becomes part of the Lease Agreement even in the event the Lease Agreement is not signed. If the applicant cancels the reservation of the unit being held off the market, management will return the deposit less a pro-rated fee based on the total rent amount for each day the unit was held off the market. If the application does not meet the landlords qualifying guidelines, the reservation deposit will be returned to the applicant.
5. I/We certify that I/We are above legal age and the above information is true and correct to the best of my/our knowledge. I/We understand that any Lease Agreement made on the basis of the above information may be terminated at any time at owner/agent's option if information is found to be false.
6. If anyone named as an occupant is deaf or hearing impaired, arrangements may be made through the management office for a visual smoke detector.
7. Applicants must be of eighteen years of age or older. All persons intending to rent and /or occupy apartment and are eighteen years of age or older, must complete rental application and be a leaseholder.
8. I/We authorize Park Properties Management, Co. to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental property owners, employers and personal references. Re-verification or investigations of preliminary findings is not required.
9. I have read, understand and agree to abide by the conditions stated herein:

Applicant Signature

Date

Co-Applicant Signature

Date

Management hereby discloses, pursuant to Section 55-248.12 of the Code of Virginia (1950) as amended, the applicable section of the Virginia Residential Landlord and Tenant Act, and any and all other federal or state regulations, that Park Properties Management, Co., is the authorizing agent for the leased premises.

<u>FOR OFFICE USE ONLY</u>	
AMOUNT OF SECURITY DEPOSIT \$ _____	DATE PAID _____
SOCIAL SECURITY VERIFIED _____	BY _____
APT. TYPE _____ ADDRESS _____	BASE RENT\$ _____
PET RENT\$ _____	SHORT TERM RENT\$ _____ COVERED PARKING RENT\$ _____
TOTAL RENT\$ _____	
PET DEPOSIT\$ _____ PAID _____	PET FEES\$ _____ PAID _____
TERM OF LEASE _____ to _____	MOVE IN DATE _____

