

# Application for Residency (3 pages)

## Page Brooke Rentals

2524 Wilson Blvd., #104

Orchardcrest Apartments

Winchester, VA 22601

(540) 667-7293 (540) 662-0158 Fax: (540) 662-7670

Date: \_\_\_\_\_

*The process of this application will be delayed or denied if it is not accurately and completely filled in and application fee of \$20.00 per person is not sent. Please provide copies of Picture ID for everyone over 17 years of age.*

Application if hereby made to rent premises know as: \_\_\_\_\_

Desired Apartment Size: \_\_\_\_\_ Desired Move in Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

### Family or Household Composition:

### Present Address:

\_\_\_\_\_  
\_\_\_\_\_

### List Head of Household and ALL members who will occupy the apartment:

Member's Full Name	Relationship	Birthday	Age	Social Security Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Description of All pets (if any) including Breed or Type of Each Animal:

\_\_\_\_\_

### Housing Status

How many people reside in your home? \_\_\_\_\_ How many bedrooms are in your current home? \_\_\_\_\_

Why do you wish to move: \_\_\_\_\_

Are you being evicted? Yes or No. When must you be out of your current residence? \_\_\_\_\_

Have you ever been evicted at and if so, from where and when? \_\_\_\_\_

How long have you resided at your current address? \_\_\_\_\_

**Present Landlord:** Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Former Landlord:** Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Application for rental property page 2.**

**Applicant Name:** \_\_\_\_\_

Your previous address: \_\_\_\_\_

Lived there how long: \_\_\_\_\_ Rented \_\_\_\_\_ Owned \_\_\_\_\_ Monthly Payments: \_\_\_\_\_

Name of Landlord or Mortgage Company: \_\_\_\_\_

**Employment:**

**Applicant:**

Current Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Military ID Number: \_\_\_\_\_ Retired: \_\_\_\_\_ Active: \_\_\_\_\_ Civil Service ID No. \_\_\_\_\_

**Co-Applicant:**

Current Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Military ID Number: \_\_\_\_\_ Retired: \_\_\_\_\_ Active: \_\_\_\_\_ Civil Service ID No. \_\_\_\_\_

*(if current employment is less than two years, complete the following)*

Previous Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Military ID Number: \_\_\_\_\_ Retired: \_\_\_\_\_ Active: \_\_\_\_\_ Civil Service ID No. \_\_\_\_\_

*(if self-employed, attach copy of your US Tax Form 1040 form previous year, page 1 only.)*

**Additional Income:** Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ Source of income: \_\_\_\_\_

If child support or alimony, who can verify? \_\_\_\_\_

**Banking Information:**

Checking Accounts: Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Acct. No. \_\_\_\_\_

Savings Accounts: Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Acct. No. \_\_\_\_\_

**Credit References:**

Loans (personal or auto, credit cards (except gasoline), ect.)

Name: \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_

Name: \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_

Name: \_\_\_\_\_ Type \_\_\_\_\_ Acct. No. \_\_\_\_\_

**Application for rental property page 3.**

**Applicant Name:** \_\_\_\_\_

**Currently Monthly Obligations:** Dept. Store, etc. \_\_\_\_\_

Have you ever been involved in a judgment, bankruptcy, collection lien, repossession, eviction, foreclosure, deed in lieu of foreclosure, or wage earned plan? Yes No If yes, please provide details on separate sheet.

Owed To:	Balance Due:	Monthly Payments
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Automobile Descriptions or Other Vehicles**

Make & Mode: \_\_\_\_\_ Year: \_\_\_\_\_ Tag No. \_\_\_\_\_ State: \_\_\_\_\_  
 Make & Mode: \_\_\_\_\_ Year: \_\_\_\_\_ Tag No. \_\_\_\_\_ State: \_\_\_\_\_

**Driver's License Numbers:**

Applicant #1: \_\_\_\_\_ Year \_\_\_\_\_ Co-Applicant: \_\_\_\_\_ Year \_\_\_\_\_

Whom should we contact in case of a personal emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Statement:**

*The application states and represents that the information provided on this application is complete and accurate. Applicant authorizes verification of any and all information contained in this application and releases all concerned from any liability in connection with information given. You have the right to make a written request within 30 days for a complete and accurate disclosure of all information concerning the nature and scope of this application.*

*I/We give authorization to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental property owners, and employers. Re-verification or investigation of preliminary findings is not required.*

*I/We understand that if deposit is accepted by management, I understand that I may withdraw my application within 48 hours for any reason with a full refund of deposit. After 48 hours, the deposit will be forfeited to liquidating damages.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date