Rental Application

			DATE	
FIRST NAME	MIDDLE		LAST	
DATE OF BIRTH	YR	SS#		
PHONE	EMAIL			
PRESENT ADDRESS				
CITY	ST	'ATE	ZIP	
HOW LONG AT THIS ADDRE	ESS			
PREVIOUS ADDRESSCITY				
CITY	ST	'ATE	ZIP	
HOW LONG AT THIS ADDRE	ESS			
EMPLOYER			HOW LONG	
ADDRESS				
CITY	ST	'ATE	ZIP	
PHONE # AT WORK	SU	PERVISOR/	BOSS	
		GROSS YEARLY		
OTHER SOURCES OF INCOM	ΙΕ: 			
STUDENTS: COLLEGE ATTENDING		YEAR O	F STUDY	
NAME OF PERSONAL REFER	RENCES/NON-RELATE	D/LOCAL	PREFERRED:	
		PHC	NE	
)NE	
			NE	
RENTAL REFERENCE: NAME OF LANDLORD OR CO				
CREDIT REFERENCES (Banks, NAME	Credit Unions, Credit C	ards, Car Lo	oans, Finance Companies,	etc)
ACCT #	Pa	AYMENT A	AMOUNT \$	
NAME				
ACCT #		AYMENT A	AMOUNT \$	
ACCT #			\MOUNT \$	
NAME				
ACCT #	P	AYMENT A	AMOUNT \$	
NAME			\\ \CIDIT #	

PARENTS	S NAME		
CITY		STATE	ZIP
PHONE_		EMAIL:	ZIP
NIANCEO		I 7 P	
NAME O	F NEAREST RELAT	IVE	——————————————————————————————————————
CITY		STATE	_ZIP
PHONE_			
CAR MAI	KE	YEAR	MODEL
LICENSE	PLATE #	FINANCED BY	
	consent by the le		on the property without prior
true and consider all infor as may	l correct to the be my application, mation and obtain be deemed necess	st of my knowledge, and i I hereby authorize owner in such character and fina	t the above information is n order to induce Lessor to or agent to verify any and ncial information and records on of this application. I further ation.
Signatui	:e		
Data			
na16			
Contact:	Monica Glavé (804) 852-7557 monicauglave@ venmo: Monica		

\$50.00 non-refundable application fee per person.
\$500.00 deposit to hold an apartment.

Upon approval the reserved apartment will then be taken off market and the \$500.00 will be credited towards the damage deposit.

Should we deny your application the \$500.00 will be refunded.