

Type of unit desired:	Expected move-in date:	Apartment number assigned:
Monthly rent:	Date lease begins:	Date lease ends:

For Office use only.

Management Services Corporation is a Licensed Real Estate Broker in the Commonwealth Of Virginia. Management Services Corporation and its employees work for the owners of the rental properties, which they manage. Many of the employees are Licensed Virginia Real Estate Salespersons and Brokers. Employees of an owner's property are not required to have a Virginia Real Estate Person's License. Any licensed Real Estate Sales Person or Broker will present to you a business card representing his/her status as a Real Estate Sales Person or Broker. Management Services Corporation and the owners that management services represents do business in accordance with the Federal Fair Housing Laws. It is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, National Origin and Elderliness.

Si usted no comprende ingles, as necesario que obtenga alguien que traduzca esta noticia. Muchas Gracias.

PERSONAL INFORMATION

Full Legal Name:		E-mail Address:		Date of Birth:	
Social Security No.:		Driver's License No.:		Make of auto and Tag No.:	
Home Phone:		Work Phone:		Cell Phone:	
Are you a United States Citizen Y _____ N _____ If the answer is no, please fill out the Non-U.S. Citizen Supplemental Application					
Present Address:				City/State/Zip Code:	
Landlord/Mortgagee Name:				Phone:	
How long have you lived at this address?				Do you rent/Own	
Previous Landlord/Mortgagee Name: (If current is less than two years)				Monthly Payment:	

SPOUSE'S INFORMATION

Full Legal Name		Email Address:		Date of Birth:	
Social Security No.:		Driver's License No.:		Make of Auto and Tag No.:	
Work Phone:		Cell Phone:			
Are you a United States Citizen Y _____ N _____ If the answer is no, please fill out the Non-U.S. Citizen Supplemental Application					

Please complete the information below for any other persons that will be occupying the apartment:

- 1) Name: _____ Age: _____ Relationship: _____
 2) Name: _____ Age: _____ Relationship: _____
 3) Name: _____ Age: _____ Relationship: _____

Emergency Contact: (Please list the person you would like us to notify in case of an emergency situation):

Name: _____ Their relationship to you: _____
 Address _____ City _____
 State/Zip _____ Phone _____
 Email address _____

EMPLOYMENT INFORMATION

Present Employer:		Position:		Length of Employment:	
Immediate Supervisor:		Phone No.:		Salary: \$ _____ per	
City/State/Zip					
Previous Employer (if less than 2 years):				Position:	
Immediate Supervisor:		Phone No.:		Salary: \$ _____	
Spouse's present Employer:		Position:		Length of Employment:	
Immediate Supervisor:		Phone No.:		Salary: \$ _____	
City/State/Zip					
Previous Employer (if less than 2 years):				Position:	
Immediate Supervisor:		Phone No.:		Salary: \$ _____	

MILITARY INFORMATION (if applicable)

Rank:	Branch:
Station:	Serial No.:
Commanding Officer:	

1. Do you have any pets? _____ if yes please list breed, weight, and age: _____
 _____ No pets of any kind are permitted in the leased premises without prior written approval. Certain breed restrictions apply.

2. Do you require any additional reasonable accommodations to be made by management prior to occupancy in order to fully utilize the facilities available? Is so, explain _____
 _____ (All requests for reasonable accommodations must be approved by management prior to the accommodation being made)

3 **Criminal History** Management expressly reserves the right to reject any application on the basis that an applicant has been convicted by a court of competent jurisdiction of the illegal manufacture, distribution, possession or current use of a controlled substance as defined under applicable federal or state law. Management reserves the right to reject any application on the basis that an applicant has a prior record of a criminal conviction(s) that involved a threat to the health or safety of other individuals. Management reserves the right to reject any application on the basis that an applicant poses a clear and present threat of substantial harm to others or to the dwelling, or property, itself. Management reserves the right to request a copy of applicant(s) Criminal History Record at any time during the application process or residency (if application is approved) Further, I understand and agree that I will reimburse Hickory Woods for the exact cost of requesting Criminal History Record check.

Have you ever been charged with, pleaded guilty to, have been convicted of, and/or do you have any record of any conviction involving a felony? Yes _____ No _____

If yes, explain by indicating the date, nature of any charge, and/or of any conviction. Also, please state the location in which the charge and/or conviction was filed and rendered, and the sentencing issued as a result thereof.

4 General Information

- A. Non-U.S. citizens who have entered the United States legally are eligible to apply for residence at Hickory Woods Apartments. In order to qualify, the individual(s) must provide the necessary documentation to verify their legal status, satisfy the current rental criteria and complete the Non-U.S. citizen supplemental application. See criteria for full list of necessary documentation.
- B. Rental rate subject to change without notice pending full lease execution.
- C. An application fee is hereby made in the amount of \$ _____. If this application is not accepted, or if I/we cancel in writing within 72 hours of acceptance, all monies less a \$ _____ fee will be returned, in accordance with the Virginia Residential Landlord and Tenant Act, Section 55-248.6:1 In all other cases, any monies paid will be forfeited to cover expenses and/or loss of rent incurred by Landlord for my failure to occupy the premises or cancel within 72 hours of application approval.
- D. Upon the signing of this application, payment of fees, and subsequent approval of applicant(s) request(s) that the type of rental unit described be removed from those units available for rental. Applicant(s) understand(s) that this application for rental, if approved, becomes part of the lease agreement, even in the event a lease is not signed.
- E. I/we do hereby authorize Management Services Corporation to make oral and/or written disclosure of my Tenant records prior to, during, or subsequent to the Landlord-Tenant relationship to third parties who contact the management seeking verification of such information in the ordinary course of business for legitimate purposes as so determined by the management.
- F. I/We certify that I/We are above legal age and that the above information is true and correct to the best of my/our knowledge. I/We hereby authorize owner or agent to verify any and all information as may be deemed necessary for approval or rejection of this application. 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 the information provided herein is found to be false.
- G. A copy of the criteria used to determine an applicant's eligibility to rent is available upon request.
- H. Resident expressly authorizes Landlord or Landlord's Agent (including collection agency) to obtain Tenants consumer credit report, which the Landlord or it's agent may use if attempting to collect past due rents payments, late fees or other charges from Tenant, both during the term of this lease and thereafter.
- I. In lieu of an original signature to this agreement, landlord will accept valid and legitimate electronic and/or facsimile signature of the resident. In so doing, resident hereby acknowledges his/her endorsement and acceptance of this agreement, and he/she waives any challenge to validity of this agreement based on resident's endorsement by electronic and/or facsimile signature.
- J. Anyone living in the apartment 18 or over is required to fill out an application and qualify under our current criteria. If an occupant turns 18 during the lease term, an application must be filled out at renewal.

 Applicant Signature Date

 Co-Applicant Signature Date

 Authorized Agent

Application	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied Reason for denial _____
Applicant notified by _____	Notified _____	
Denial letter sent _____		
Updated 11-5-2010		

