



SUNCHASE RENTAL APPLICATION

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.

NAME _____ **SOCIAL SECURITY #** _____

E-MAIL ADDRESS _____ **DATE OF BIRTH** _____

MOBILE NUMBER _____

Other Persons Who Will Occupy Apartment: (Separate applications required for non-dependent occupants over age 18)

Name _____ Age/DOB _____ Relationship _____

Name _____ Age/DOB _____ Relationship _____

Name _____ Age/DOB _____ Relationship _____

★ **PETS:**

Do you have a pet(s) that you plan to bring to your apartment? YES / NO (circle one)

Type _____ Breed _____ Name of pet _____

Weight _____ Age _____

(Please note: No pets of any kind are permitted in the leased premises without prior written approval. Please refer to the Policies and Procedures Handbook for Pet Policies)

RESIDENCE(S):

School Address _____ Phone _____

street city state zip

Home Address _____ Phone _____

street city state zip

STUDENT INFORMATION:

University/College: _____

Your UPCOMING year: 1st 2nd 3rd 4th Grad Expected Graduation Date: _____

EMPLOYMENT/INCOME: (if applicable)

Presently Employed By _____ How Long _____

Business Address _____ Phone _____

Street city state zip

Position _____ Salary \$ _____ /wk/mo/yr Phone _____

Previously Employed By _____ How Long _____

(If present employment is less than 18 months)

Business Address _____ Phone _____

street city state zip

Position _____ Salary \$ _____ /wk/mo/yr Phone _____

Other Income: Amount \$ _____ /wk/mo/yr Source _____

IN CASE OF EMERGENCY:

Please list Parent and/or closest relative _____

Name and Relationship

Address _____ Phone (with area code) _____

Email Address _____

CRIMINAL HISTORY: State whether you have ever been charged with, pleaded guilty to, or been convicted of, any crime other than traffic violations. If so, state the nature of the offense; the date of the offense; the county and state in which you were charged and/or tried; and the date of the trial and sentence given you, if convicted.

NOTE: If you do not provide an answer to the foregoing question, then it will be presumed that your answer is "No."

IMPORTANT TO APPLICANT:

1. Rental rate are subject to change without notice pending full lease execution.
2. An *application fee* is hereby made in the amount of \$35.00. An *application deposit* is hereby made in the amount of \$_____. I understand and acknowledge that, if my application is not accepted or if I timely cancel my application in writing within 72 hours of acceptance, all monies less the \$35.00 application fee will be returned to me, in accordance with Virginia Code Section 55-248.6:1. In all other cases, any monies paid by me will be applied to the Landlord's actual expenses and/or damages incurred due to my failure to sign a lease agreement with the Landlord and/or to occupy the leased premises or due to my failure to timely cancel my application in writing within 72 hours of Landlord's approval of my application. I further understand and acknowledge that any remaining amount of the application deposit will be returned to me, together with an itemized list of said expenses and damages in accordance with the aforesaid code section. A non-refundable \$35.00 application fee is hereby accepted to cover the expenses incurred in verifying the information furnished by applicant on the application. Inquiries are made to obtain information regarding applicant's credit history, rental and/or mortgage history, and student or employment status.
3. I certify that I am above the legal age and the above information is true and correct to the best of my knowledge. I hereby authorize owner or agent to verify any and all information as may be deemed necessary for approval or rejection of this application. I 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 is found to be false.
4. I 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 of legitimate purposes as so determined by the management.
5. A COPY OF THE CIRTERIA USED TO DETERMINE AN APPLICANT'S ELIGIBILITY TO RENT ("RENTAL CRITERIA") IS AVAILABLE UPON REQUEST.
6. The lease Agreement was entered into based upon the representations of Resident(s) contained in the Rental Application. If any of those representations are found to be misleading, incorrect or untrue, Landlord may immediately terminate this Lease Agreement and notify Resident(s) to vacate the Premises.
7. Landlord may use credit reports as a means to gather information in the event of default by resident.
8. Anyone 18 years of age or older must sign the lease agreement.
- ★ 9. **Are you a citizen of the United States? Y or N (circle one) If you answered NO, you must fill our the non-citizen supplemental application.**

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. Please consult management for further details.)

SIGNATURE _____ DATE _____

In lieu of an original signature to this agreement, landlord will accept a 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.



For Office Use Only			
Address assigned _____	Rent \$ _____	Lease term _____	to _____
App fee paid _____	\$ _____	Deposit paid _____	\$ _____
Date paid	Amount paid	Date paid	Amount paid
Marketing Associate: _____			
Date returned: _____		Time returned: _____ am / pm	

For Office Use Only	
Approved By _____	Date Approved _____