



**501 Sunchase Boulevard  
Farmville, Virginia 23901  
Phone (434) 392-7440 Fax (434) 392-9353**

[www.sunchase-longwood.com](http://www.sunchase-longwood.com)  
[www.sunchase-greens.com](http://www.sunchase-greens.com)  
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**RENTAL APPLICATION**

Farmville, LLC does 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, Elderliness and National Origin.

**RESIDENTS NAME:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_/\_\_\_/\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_

**OTHER OCCUPANTS OF THE APARTMENT:** *Separate applications required for non-dependent occupants over age 18.*

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

**RESIDENCE(S):**

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ (If the answer is no, please fill out the Non-U.S. Citizen Supplemental Application)

**Present Address:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City/State ZIP

Move-In Date: \_\_\_/\_\_\_/\_\_\_ Move-Out Date: \_\_\_/\_\_\_/\_\_\_ Rent Own Monthly Payment: \$ \_\_\_\_\_

Landlord/Mortgagor Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City/State ZIP

Move-In Date: \_\_\_/\_\_\_/\_\_\_ Move-Out Date: \_\_\_/\_\_\_/\_\_\_ Rent Own Monthly Payment: \$ \_\_\_\_\_

Landlord/Mortgage Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

**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

**STUDENT INFORMATION:**

University/College: \_\_\_\_\_ UPCOMING Year: Freshman Sophomore Junior Senior Graduate

**EMPLOYMENT/INCOME:**

Current Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

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

Position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Wk. Mth. Yr.

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please see reverse to complete your application. Thank you!*

**CRIMINAL HISTORY:**

Have you ever been convicted of a felony that involved a threat to the health or safety of individuals or substantial harm to property?

Yes \_\_\_\_\_ No \_\_\_\_\_

State whether you have ever been charged with, plead 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, the trial date, and the sentence issued if convicted.

\_\_\_\_\_

- If you do not provide an answer to the foregoing question, it will be presumed that your answer is "NO".

**GUARANTOR INFORMATION:**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Street City /State Zip

\_\_\_\_\_  
Phone (with area code) Email Address

**EMERGENCY CONTACT IF DIFFERENT:**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Street City /State Zip

\_\_\_\_\_  
Phone (with area code) Email Address

**IMPORTANT TO APPLICANT:**

1. RENTAL RATES 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 CRITERIA 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. I HEREBY AUTHORIZE SUNCHASE TO REQUEST A COPY OF MY CRIMINAL HISTORY RECORD AT ANY TIME DURING THE APPLICATION PROCESS OR MY RESIDENCY AT SUNCHASE. FURTHER I UNDERSTAND AND AGREE THAT I WILL REIMBURSE SUNCHASE \$15.00 FOR REQUESTING THE CRIMINAL HISTORY RECORD CHECK.

**REASONABLE ACCOMODATIONS:**

Do you require any additional reasonable accommodations to be made by management prior to occupancy in order to fully utilize the facilities available? If so, please explain in the space provided.

\_\_\_\_\_

- All requests for reasonable accommodations must be approved by management prior to the accommodation being made. Please consult management for further details.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Your application must be signed in order to be complete and valid.*

**For Office Use Only**

**ID verified** \_\_\_\_\_  
Full Name Address

**SS# verified** \_\_\_\_\_

**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

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_