

**APARTMENTS BY GLENNEL**  
10573 Glenwood Drive, King George, VA 22485  
(540) 775-2889 FAX (540) 775-2695

RENTAL APPLICATION

This application consists of page 1 and page 2. The truth of the information contained herein is essential, and if the owner or agent deems any answer of statement herein to be false or misleading, it shall be considered that any lease granted by virtue of this application may be cancelled at their option.

It is understood that the premises applied for are to be used as a residential dwelling to be occupied by not more than the number of persons listed in the application, and that occupancy is subject to possession being delivered by the present occupant. Occupancy of single family residences shall conform with applicable zoning laws. Any and all personal property placed in the subject premises shall be at the applicant's risk.

If this application is not approved and accepted by the owner or his duly authorized property manager, the deposit will be refunded within fifteen days from rejection date, the applicant hereby waiving any claim for damages by reason of non-acceptance of this application which the landlord or his duly authorized property manager may reject.

After approval and acceptance, written or oral, of the application by the owner or his duly authorized property manager, the applicant agrees to execute a lease in accordance with the terms of the application. The entire earnest money deposit shall be deposited by the agent. If the applicant should fail to execute a lease and/or occupy the premises, the applicant agrees that the entire earnest money deposit herein provided will be forfeited to compensate the owner and the agent for the damages suffered. In all instances, the disposition shall conform with the regulations of the Real Estate Commission

A SECURITY DEPOSIT is due and payable on or before the effective date of the lease. This security deposit is payable to the owner. The first month's rent will be due prior to occupancy. Pro-rated rent will be paid on the 2<sup>nd</sup> month if applicable.

I/We hereby authorize the firm to whom this application is made and any credit bureau or other investigative agency employed by such firm to investigate and to report and disclose to the property owner or his duly authorized property manager, the results of the references herein listed, statements, and other data obtained from me or from any other person pertaining to my credit, employment, rent history, and financial responsibility.

Be certain that you have completed page 2 of this application in its entirety before signing this form.

Renters Insurance, which provides public liability coverage and protection of Tenant's personal property, will be required within 15 days after occupancy.

I/We hereby certify that the information given in this application is true to the best of my/our knowledge, and I/We have not knowingly withheld any fact or circumstance which would, if disclosed, affect my/our application unfavorably.

Applicant\_\_\_\_\_

Applicant\_\_\_\_\_

# RENTAL APPLICATION

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Adult names to appear on lease (Both Husband and Wife must be on lease)

Last Name	First	Initial	Social Security No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Names of all children & other occupants & their relationship

1. _____	Age _____	_____
2. _____	Age _____	_____

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Lived there-how long? \_\_\_\_\_ Rented? \_\_\_\_\_ Owned Home? \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone \_\_\_\_\_

Why Moving? \_\_\_\_\_

Previous Address \_\_\_\_\_ Phone Number \_\_\_\_\_

(if above is less than a year)

Lived there-how long? \_\_\_\_\_ Rented? \_\_\_\_\_ Owned Home? \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone \_\_\_\_\_

## EMPLOYMENT OF ALL ADULTS TO APPEAR ON LEASE

1. Name \_\_\_\_\_ Where Employed? \_\_\_\_\_ How Long? \_\_\_\_\_

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

Position \_\_\_\_\_ Salary? \_\_\_\_\_ per \_\_\_\_\_ Supervisor \_\_\_\_\_

2. Name \_\_\_\_\_ Where Employed? \_\_\_\_\_ How Long? \_\_\_\_\_

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

Position \_\_\_\_\_ Salary? \_\_\_\_\_ per \_\_\_\_\_ Supervisor \_\_\_\_\_

### If current employment less than one year, complete the following for former employment:

Name \_\_\_\_\_ Where Employed? \_\_\_\_\_ How Long? \_\_\_\_\_

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

Position \_\_\_\_\_ Salary? \_\_\_\_\_ per \_\_\_\_\_ Supervisor \_\_\_\_\_

Additional Income: Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Source: \_\_\_\_\_

Bank Account: \_\_\_\_\_

Name of Bank	Branch	City	Account No.
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Credit References: Loans (personal or auto), Credit Cards, etc.

\_\_\_\_\_ Bank: \_\_\_\_\_ Account No. \_\_\_\_\_

\_\_\_\_\_ Bank: \_\_\_\_\_ Account No. \_\_\_\_\_

### Current Monthly Obligations:

Owed to: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Owed to: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Owed to: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

### Description of Automobiles or other vehicles:

Make \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_

Drivers License Numbers: Husband \_\_\_\_\_ State \_\_\_\_\_ Wife \_\_\_\_\_ State \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_