



Scan to Pay Application Fee

### APPLICANT

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Marital Status:  Single,  Married,  Divorced  
 Separated,  Widow

### CO-APPLICANT

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Marital Status:  Single,  Married,  Divorced  
 Separated,  Widow

### HOUSEHOLD INFORMATION

1. List the Head of Household and another members who will be living in the unit. Give the relationship of each family member to the head.

Name	Relationship	Birth Date	Age	Gender	Soc. Sec. No.	Full Time Student?
	<b>HEAD</b>					<input type="checkbox"/> Yes, <input type="checkbox"/> No
						<input type="checkbox"/> Yes, <input type="checkbox"/> No
						<input type="checkbox"/> Yes, <input type="checkbox"/> No
						<input type="checkbox"/> Yes, <input type="checkbox"/> No
						<input type="checkbox"/> Yes, <input type="checkbox"/> No
						<input type="checkbox"/> Yes, <input type="checkbox"/> No
						<input type="checkbox"/> Yes, <input type="checkbox"/> No
						<input type="checkbox"/> Yes, <input type="checkbox"/> No
						<input type="checkbox"/> Yes, <input type="checkbox"/> No
						<input type="checkbox"/> Yes, <input type="checkbox"/> No

2. Do you expect a change in your household Composition within the next 12 months?  Yes,  No If yes, Please explain:





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### INCOME INFORMATION

Please answer each of the following questions. For each 'yes/no' provide details in the charts below.

- 1. Work Full time, part time, or seasonally.  Yes,  No
- 2. Expect to work for any period during the year?  Yes,  No
- 3. Work for someone who pays him or her cash?  Yes,  No
- 4. Expect a leave of absence from work due to layoff or medical, maternity, or military leave?  Yes,  No
- 5. Now receive or expect to receive unemployment benefits?  Yes,  No
- 6. Now receive or expect to receive child support?  Yes,  No
- 7. Entitled to child support that he/she is not now receiving?  Yes,  No
- 8. Now receive or expect to receive alimony?  Yes,  No
- 9. Have an entitlement to receive alimony that's not currently being received?  Yes,  No
- 10. Now receive or expect to receive public assistance (TANF)?  Yes,  No
- 11. Now receive or expect to receive Social Security or disability?  Yes,  No
- 12. Now receive or expect to receive income from a pension/annuity?  Yes,  No
- 13. Now receive or expect to receive regular contributions from organizations or individuals not living in the unit?  Yes,  No
- 14. Receive income/dividends front assets including checking, savings, certificates of deposit, stocks, bonds, rental property?  Yes,  No
- 15. Own real estate or any asset for which you receive no income?  Yes,  No
- 16. Now receive military pay?  Yes,  No
- 17. Now receive self employment income?  Yes,  No
- 18. Now receive workers compensation?  Yes,  No
- 19. Now receive veterans administration benefits?  Yes,  No
- 20. Do you have income from any source not mentioned above  Yes,  No  
if yes, please explain? \_\_\_\_\_

### EMPLOYMENT

#### Applicant: (Check All Applicable)

Full Time,  Part Time,  Self-Employed,  Non-employed,  Unemployed

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Address: \_\_\_\_\_

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

Do you expect to earn substantial overtime?  Yes,  No. If yes, how much? \_\_\_\_\_

Amount of Wages: \_\_\_\_\_  Weekly  Bi-Weekly  Semi-Monthly  Monthly

#### Co-Applicant: (Check All Applicable)

Full Time Current Employer: \_\_\_\_\_

Part Time Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Self-Employed Address: \_\_\_\_\_

Non-employed Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of Wages: \_\_\_\_\_  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Please Return Completed Application to 927 Hull St. Richmond VA  
23224 Ph: 804-325-3797 ext 11/ Fax: 804-325-3799



Unemployed Do you expect to earn substantial overtime?  Yes,  No. If yes, how much? \_\_\_\_\_  
 Do you expect to earn substantial overtime?  Yes,  No. If yes, how much? \_\_\_\_\_



ASSET INFORMATION

Please answer each of the following questions. Do any household members have any of the following? If yes, indicate the value.

- Checking Account (average 6mo. balance)  Yes,  No \$ \_\_\_\_\_
- Savings Account  Yes,  No \$ \_\_\_\_\_
- Certificates of Deposit  Yes,  No \$ \_\_\_\_\_
- Stocks or Bonds  Yes,  No \$ \_\_\_\_\_
- IRA's or Retirement Funds  Yes,  No \$ \_\_\_\_\_
- Mutual Funds  Yes,  No \$ \_\_\_\_\_
- Trust Accounts  Yes,  No \$ \_\_\_\_\_
- Whole or Universal Life Insurance (not Term)  Yes,  No \$ \_\_\_\_\_
- Personal Property held as an investment  Yes,  No \$ \_\_\_\_\_
- Real Estate  Yes,  No \$ \_\_\_\_\_
- Any Assets not listed above  Yes,  No \$ \_\_\_\_\_
- Have you disposed of any assets in the previous 24 months for less than fair market value?  Yes,  No \$ \_\_\_\_\_

List all information for any asset noted above (including Checking, Savings, IRAs, Keogh accounts, and Certificates of Deposit of all household members.

BANK NAME	TYPE OF ACCOUNT	ACOUNT NUMBER	BALANCE

RENTAL HISTORY

Present Landlord: \_\_\_\_\_ Landlord's Phone No.: \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 How long have you lived there?: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Former Landlord: \_\_\_\_\_ Former Landlord's Phone No.: \_\_\_\_\_  
 Former Landlord's Address: \_\_\_\_\_  
 How long have you lived there?: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

OTHER INFORMATION:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_, Expires: \_\_\_\_\_





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Vehicle Year, Make, and Model: \_\_\_\_\_  
License Plate Number: \_\_\_\_\_

Have you ever been evicted and/or owe any Property Management Company or Private Owner money  Yes,  No.  
If yes please explain: \_\_\_\_\_

Have you ever been convicted of a Felony?  Yes,  No.  
If yes please explain: \_\_\_\_\_

.....  
EMERGENCY CONTACT  
.....

Nearest Living Relative's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to FULL OCCUPANCY, LLC, Agent for the owner of the property, to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification. I hereby authorize Landlord to procure a consumer as defined in the Fair Credit Reporting Act, 15 U.S.C. 1881 a (d) seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

A deposit of \$ \_\_\_\_\_ is made herein. If the application is approved, said deposit will be held as (partial/full) security for the performance of the covenants of the lease and as a damage deposit. The full security deposit will be \$ \_\_\_\_\_. If the applicant(s) notifies the Landlord within three (3) days after the execution of this application that applicant(s) no longer wishes to rent said apartment, Landlord agrees to return said deposit in full. Landlord reserves the right to retain the security deposit if, for any reason, prospective resident withdraws the application for tenancy, if said application is withdrawn after the time limit set out in the previous sentence.

By execution of this application, I hereby authorize FULL OCCUPANCY, LLC to make such investigations into my credit history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, rental history and consumer credit reports. By signing below, the applicant gives permission to procure a criminal background check and understands the results of such background check could affect the approval of this application. The undersigned do hereby acknowledge disclosure that the licensee, FULL OCCUPANCY, LLC represents the Landlord in a real estate transaction.

**RESIDENT'S DUTY TO PROVIDE TRUTHFUL & COMPLETE INFORMATION WARNING:** Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency. Resident acknowledges that federal law, VHDA and IRS requires Residents to answer all questions about income and student status truthfully and completely at Resident's initial certification and at each annual recertification. This information is essential for determining Resident's eligibility to occupy the Unit.

Resident understands that (s) he must give truthful and complete income and student status information at all times. Resident understands that compliance with this paragraph is a condition of Resident's occupancy of the Unit. If Owner discovers, at any time the Lease Term, that Resident purposely gave false or incomplete income or student status information, Owner may evict Resident from the Unit.

Resident's Acknowledgement: \_\_\_\_\_ (Initial here)

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Management Representative: \_\_\_\_\_ Date: \_\_\_\_\_

