



RENTAL APPLICATION

Employees of an owner's property are not required to have a Virginia Real Estate's 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 representatives 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.

APARTMENT NUMBER: _____ **TIME:** _____

RESIDENTS NAME: _____ **SSN#:** _____

DATE OF BIRTH: ___/___/___ **E-MAIL:** _____

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

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/ Dorm 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

Landlord/Mortgage Reference: _____ Phone: _____

PETS: 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".

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

Are you ok with a pet in your apartment? **YES / NO (circle one)**

STUDENT INFORMATION:

University/College: _____ Name of Program: _____

UPCOMING Year: Freshman Sophomore Junior Senior Graduate

Graduation Year _____

EMPLOYMENT/INCOME:

Current Employer: _____ How Long: _____

Business Address: _____ Phone: _____

Position: _____ Salary: \$ _____ Wk. Mth. Yr. Supervisor: _____

Phone: _____

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	Street	City /State	Zip
Phone (with area code)	Relationship	Email Address	

Emergency Contact if different

Name	Street	City /State	Zip
Phone (with area code)	Relationship	Email Address	

IMPORTANT TO APPLICANT:

1. RENTAL RATES ARE SUBJECT TO CHANGE WITHOUT NOTICE PENDING FULL LEASE EXECUTION.
2. NO PETS OF ANY KIND ARE PERMITTED IN THE LEASED PREMISES WITHOUT WRITTEN AUTHORIZATION FROM MANAGEMENT AND WITHOUT APPROPRIATE FEES PAID IN FULL.
3. A NON-REFUNDABLE 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/INCOME STATUS. APPLICANT HAS THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN THIRTY DAYS FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THESE INVESTIGATIONS.
4. I CERTIFY THAT I AM ABOVE 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.
5. I DO HEREBY AUTHORIZE SUNCHASE TO MAKE ORAL AND/OR WRITTEN DISCLOSURE OF MY TENANT RECORDS PRIOR TO, DURING, OR SUBSEQUENT TO THE LANDLORD/RESIDENT RELATIONSHIP TO THOSE PARTIES WHO CONTACT THE MANAGEMENT SEEKING VERIFICATION IN THE ORDINARY COURSE OF BUSINESS FOR LEGITIMATE PURPOSES AS SO DETERMINED BY THE MANAGEMENT.
6. IN THE EVENT THE AFOREMENTIONED APPLICANT IS UNABLE TO PROVIDE A GUARANTOR MANAGEMENT WILL PROCESS THE RENTAL APPLICATION FOLLOWING THE SUNCHASE CRITERIA
7. A COPY OF THE RENTAL CRITERIA USED TO DETERMINE AN APPLICANT'S ELIGIBILITY TO RENT ("RENTAL CRITERIA") IS AVAILABLE UPON REQUEST.
8. LANDLORD MAY USE CREDIT REPORTS AS A MEANS TO GATHER INFORMATION IN THE EVENT OF DEFAULT BY RESIDENT.
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 FOR THE EXACT COST OF REQUESTING THE CRIMINAL HISTORY RECORD CHECK.
10. I/WE UNDERSTAND THAT ANY MISREPRESENTATION ON THIS APPLICATION, WHETHER INTENTIONAL OR NEGLIGENT OR BY SIMPLE OVERSIGHT, SHALL BE CONSIDERED A MATERIAL BREACH OF THE APPLICATION AND OF ANY LEASE AGREEMENT ENTERED INTO SUBSEQUENT HERETO, AND I/WE UNDERSTAND AND ACKNOWLEDGE THAT THE APPLICATION MAY BE REJECTED AND/OR THE LEASE AGREEMENT MAY BE TERMINATED AS A RESULT OF ANY SUCH MISREPRESENTATION MADE HEREIN.
11. ANYONE 18 YEARS OF AGE AND OLDER MUST SIGN THE LEASE AGREEMENT.
12. IN LIEU OF AN ORIGINAL SIGNATURE, 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 APPLICATION, AND HE/SHE WAIVES ANY CHALLENGE TO VALIDITY OF THIS AGREEMENT BASED ON RESIDENT'S ENDORSEMENT BY ELECTRONIC AND/OR FACSIMILE SIGNATURE.

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: ____/____/____

