

Rental Application for Residents and Occupants
Each co-resident and each occupant over 18 must submit a separate application.

Spouses may submit a joint application.

Date when filled out: \_

XAS APARTMENT ASSOCIATION	Date when filled out.
I E M B E R	
ABOUT YOU Full name (exactly as on driver's license or govt. ID card)	YOUR SPOUSE Full name:
	Former last names (maiden and married):  Spouse's Social Security #:
Your street address (as shown on your driver's license or government ID card):	Spouse's Social Security #:
our street address (as shown on your arrow a month of	The stand the
	This late Weight
Driver's license # and state:	Birthdate: Height Hair color: Hair color:
OR govt. photo ID card #:	Are you a U.S. citizen? ☐ Yes ☐ No
Former last names (maiden and married):	Present employer:
Your Social Security #:	Address:
Your Social Security #:	
Flair Color.	City/State/Zip: Cell phone: ()
	Work phone: ()
Marital Status: ☐ single ☐ married ☐ divorted ☐ ves ☐ no Are you a U.S. citizen? ☐ Yes ☐ No Do you or any occupant smoke? ☐ yes ☐ no	Position:
Will you or any occupant have an animal? ☐ yes ☐ no	Email address: Gross monthly income is over: \$
Will you or any occupant that	Date began job:Gross monthly
Kind, weight, breed, age:	Supervisor's name and phone:
Current home address (where you now live):	OTHER OCCUPANTS Names of all persons under 18 and other adults who will
Current home address (where you not have Apt. #	the paid mithout signing the lease. Continue on separate page if more than three.
City/State/Zip:	Relationstup.
City/State/Zip: Current rent: \$	Name: DI as yout ID card# and state:
VA. 3.44 (1974 #1974) 2000	Social Security #:
Name of apartment where you now live:	Name: Relationship:
	ID cordf and state:
Their phone: Date moved in:	Social Security #:
Their phone:  Why are you leaving your current residence?	Name: Relationstup.
Why are you leaving your current residence	DL or govt ID card# and state:
	Sex:Social Security #:
Previous home address (most recent):	
Apt. #	YOUR VEHICLES List all vehicles owned or operated by you, your spouse, or any occupants
City/State/Zip:	(including ons, tricks, motorcycles, trailers, etc.), Continue on separate page if more than three.
Apartment name:	Make, model and color:
	Year: License#: State:
Name of above owner or manager:  Their phone:  Previous monthly rent. \$	- Legisland coton
Their phone:	Year: License #: State:
Their phone:  Date you moved in:  Date you moved out:	Year: License ii
YOUR WORK Present employer:	Make, model and color:  Year: State:
Address:	
City/State/Zip:	WHY YOU RENTED HERE   Were you referred? □ Yes □ No If yes, by whom:
Work phone: ()	Name of locator or rental agency:
	Name of locator or return agosts:  Name of individual locator or agent:
Position: Your gross monthly income is over: \$	
Your gross monthly income is over.	Name of friend or other person:
Date you began this job:	Did you find us on your own? ☐ Yes ☐ No If yes, fill in information below:
Supervisor's name and phone:	☐ Internet site: ☐ Channel by
Previous employer (most recent):	Rental publication:
A Advance	□ Newspaper (name): □ Other:
Carlot Manufacture Programs	EMERGENCY Emergency contact person over 18, who will not be living with you:
City/State/Zip: Work phone: ()	EMERGENCY Emergency contact person over 10, total out to
	Name:
A CONTRACT OF THE CONTRACT OF	Address:
Cross monthly income was over \$\Phi\$  Dates you began and ended this job:	City/State/Zip:
	City/State/Zip: Home phone: ()
Previous supervisor's name and phone:	
YOUR CREDIT HISTORY Your bank's name, city, state:	a series ill missing or incarcerated according to the arrest
List major credit cards:	or child, we may allow such person(s) to enter your dwelling and common
List major credit cards:Other non-work income you want considered. Please explain:	to the sharehad any of the above are authorized in our option
Omer non-work means you	- In all or intured you authorize us to can this or serve
Past credit problems you want to explain. (Use separate page.)	an ambulance at your expense. We're not legally obligated to do so.
Past credit problems you want to explain the same and the	
YOUR RENTAL/CRIMINAL HISTORY You must check if applicable. If	lave AUTHORIZATION I or we authorize (owner's name)
you, your spouse, or any occupant listed in this Application even	lease
or asked to move out? If moved out of the diseasements? Theen sued for	rent?
Theen sued for property damager in been charged, deferred adjudication, or	by all available means, the above, including reports from consumer reports
or sex crime that was resolved by convenient of the property o	ined. agencies before, during that the employer(s) to any state
ordered community supervision, or prema diversion. It is controlled to the discount or a felony or sex-related crime that has not been resolved by any met or arrested for a felony or sex-related crime that has not been resolved by any met.	
Please indicate below the year, location and type of each least to discuss more	facts information may be used only for this kental Application (1) Application
than those resolved by dismissal or acquirtal. We may recent the discussion that the decision. You represent the answer is "no" to any item not checked a	
A STATE OF THE STA	
	Spouse's signature

## Contemplated Lease Contract Information

to be fined in unity if the Zease Contract to be used must be the latest version of (check one): □ the Zease, unless an earlier version is initialed by resident(s) and attached to this Ap  Names of all residents who will sign Lease Contract  Name of Owner/Lessor  Property name and type of dwelling (bedrooms and balls)	Late charges due if rent not paid on or before     Initial late charge \$; Daily late charge \$;     Returned-check charge \$;     Animal violation charges: Initial \$; Daily \$;     □ Check if the dwelling is to be furnished;     Litities paid by owner (check all that apply): □ electricity, □ gas, □ water than the paid of
Completestreetaddross	□ wastewater, □ trash, □ cable TV, □ master antenna. □ internet □ therroritidises.  ■ Utility connection charge \$ ■ You are (check one): □ required to buy insurance or □ not required to buy insurance.  ■ Agreed reletting charge \$ ■ Security deposit refund check will be by: (check one) □ one check jointly payable to all residents (default), OR □ one check payable and mailed to.  ■ Your move-out notice will terminate Lease Contract on (check one): □ last day of month, or □ exact day designated in move-out notice.  ■ If cheeling unit is house or duples, owner will be responsible und.
Total security deposit \$	paragraph 26 of the Lease Contract for a lawn/plant maintenan.  I lawn/plant watering, picking up trash from grounds, lawn/plant fertilization, I trash receptacles. If not checked, applicant will be responsible for the first for the first for each repair of each repair provisions regarding parking, storage, etc. (see attached pair ifnecessary):
<ol> <li>Lease Contract Information. The Lease Contract contemplated by the parties is attached—or, if no Lease Contract is attached, the Lease Contract will be the current TAA Lease Contract noted above. Special information and conditions must be explicitly noted on an attached Lease Contract or in the Contemplated Lease Information above.</li> <li>Application Fee (may or may not be refundable). You have delivered to our representative an application (ec in the amount indicated in paragraph 14 below, and this payment partially defrays the cost of administrative paperwork.</li> <li>Application Deposit (may or may not be refundable). In addition to any application Deposit (may or may not be refundable). In addition to any application fee, you have delivered to our representative an application deposit in the amount indicated in paragraph 14. The application deposit is not a security deposit when the Lease Contract has been signed by all parties; OR it will be refunded under paragraph 10 if you are not approved; OR it will be refunded under paragraph 16 if you fail to sign or attempt to withdraw under paragraph 6 or 7, or fail to answer any question or give false information.</li> <li>Approval When Lease Contract Is Signed in Advance. If you and all coapplicants have already signed the Lease Contract, when we approve the Application, our representative will notify you (or one of you if there are coapplicants) of all applicants toward the required security deposit.</li> <li>Approval When Lease Contract Isn't Yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants have</li></ol>	application deposits as liquidated damages, and the parties will literihave no juriolitigation to each other.  8. Completed Application. An Application will not be considered "complete and will not be processed until all of the following have been provided to (unless checked): □ a separate Application has been fully filled out and sign by you and each co- applicant; □ an application fee has been paid to us. □ application deposit has been paid to us. □ no them is checked, all are necess for the Application to be considered completed.  9. Nonapproval in Seven Days. We will notify you whether you've be approved within seven days after the date we receive a completed Applition. Your Application will be considered "disapproved" if we fail to no you of your approval within seven days after we have received a completed Application. Notification may be in person or by mail or telephone undershave requested that notification be by mail. You must not assume apprountly you receive actual notice of approval.  10. Refund after Nonapproval. □ If you or any co-applicant is disapproved under paragraph9, we'll refund all application depits within
If you are seriously ill or injured, what doctor may we notify? (We are not responsible)  Name: Important medical information in emergency:	Titone
Important medical information in emergency:  Acknowledgment. You declare that all your statements on the first page of the any means, including consumer reporting agencies and other rental housing selection criteria, which include reasons your application may be denied. You understand that if you do not meet our rental selection criteria or if y application, retain all application fees, administrative fees, and deposits of occupancy. Giving false information is a serious criminal offense. In lawsuif from the non-prevailing party all attorney's fees and litigation costs. We may at a owners regarding your performance of your legal obligations, including both Contract, the rules, and financial obligations. Fax or electronic signatures are Right to Review the Lease. Before you submit an application or pay any fees or as well as any community rules or policies we have. You may also consult an not take a particular dwelling off the market until we receive a completed applications or changes may be made in the Lease Contract if agreed to in write.	his Application are true and complete. You authorize us to verify same thro owners. You acknowledge that you had an opportunity to review our re such as criminal history, credit history, current income, and rental hist you fail to answer any question or give false information, we may reject as liquidated damages for our time and expense, and terminate your re to relating to the application or Lease Contract, the prevailing party may recapt any time furnish information to consumer reporting agencies and other rental hour in favorable and unfavorable information about your compliance with the Legally binding. You acknowledge that our privacy policy is available to the reposits, you have the right to review the Rental Application and Lease Contract. In attorney. These documents are binding legal documents when signed. We free and any other required information or monies to rent that dwelling. Additi-
fully signed.	Date:
Signature of Spouse: Signature of Owner's Representative:	Date:
POROFFICEUSEONLY  1. Apt. name or dwelling address (street, city): 2. Person accepting application: 3. Person processing application: 4. Date that applicant or co-applicant was notified by □telephone, □letter, or □in per (Deadline for applicant and all co-applicants to sign lease is three days after notifica  5. Name of person(s) who were notified (at least one applicant must be notified if multi	Unit # or type:  Phone: Phone: Phone:  One of lacceptance or nonacceptance: Ition of acceptance in person or by telephone, five days if by mail.)