

Application for Residency

Page Brooke Rentals
Orchardcrest Apartments
1573 Commerce Street
Winchester, VA 22601
540-667-7293/ 540-662-0158
Fax 540-662-7670
Website: www.pagebrooke.com

Date: _____

The process of this application will be delayed or denied if it is not accurately and completely filled in and application fee of \$20.00 per person is not sent. Please provide copies of Picture ID for everyone over 17 years of age. And copies of most current paystubs (at least 3) we require that 30% of income can pay rent.

Complex Applying for: _____

Desired Apartment Size: _____ Desired Move in Date: _____

Present Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work Phone: _____

List Head of Household and ALL members who will occupy the apartment:

<u>Member's Full Name</u>	<u>Relationship:</u>	<u>Birthday:</u>	<u>Age:</u>	<u>Social Security #</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Description of All pets (if any) including Breed or Type of Each Animal:

**DOGS ARE ONLY ALLOWED AT NORTHSIDE VILLAGE TOWNHOUSES & PAGE BROOKE VILLAGE IN LESSBURG
THE WEIGHT LIMIT IS 35 LBS FULLY GROWN, NO PITTS OR ROTTS! ALL NON-REFUNDABLE PETS FEES ARE \$300.00.**

Housing Status

How many people reside in your home? _____ How many bedrooms are in your current home? _____

Why do you wish to move: _____

Are you being evicted? Yes__ or No__. When must you be out of your current residence? _____

Have you ever been evicted and if so, from where and when? _____

How long have you resided at your current address? _____

Present Landlord: Name: _____ Phone: _____

Address: _____

Former Landlord: Name: _____ Phone: _____

Address: _____

Applicant Name: _____
Your Current address: _____
Lived there how long: _____ Rented: _____ Owned: _____ Monthly Payments: _____
Name of Landlord or Mortgage Company: _____

Employment:

Current Employer: _____
Business Address: _____
Position: _____ How Long: _____ Business Phone: _____
Supervisor: _____ Salary: \$ _____ per _____
Military ID Number: _____ Retired: _____ Active: _____ Civil Service ID No. _____

(If current employment is less than two years, complete the following)

Previous Employer: _____
Business Address: _____
Position: _____ How Long: _____ Business Phone: _____
Supervisor: _____ Salary: \$ _____ per _____
Military ID Number: _____ Retired: _____ Active: _____ Civil Service ID No. _____

(If self-employed, attach copy of your US Tax Form 1040 form previous year, page 1 only)

Co-Applicant:

Applicant Name: _____
Your Current address: _____
Lived there how long: _____ Rented: _____ Owned: _____ Monthly Payments: _____
Name of Landlord or Mortgage Company: _____

Employment:

Current Employer: _____
Business Address: _____
Position: _____ How Long: _____ Business Phone: _____
Supervisor: _____ Salary: \$ _____ per _____
Military ID Number: _____ Retired: _____ Active: _____ Civil Service ID No. _____

(If current employment is less than two years, complete the following)

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(If self-employed, attach copy of your US Tax Form 1040 form previous year, page 1 only.)

Additional Income: Amount: \$ _____ per _____ Source of income: _____
If child support or alimony, who can verify? _____

Currently Monthly Obligations:

Dept. Store, etc. _____

Have you ever been involved in a judgment, bankruptcy, collection lien, repossession, eviction, foreclosure, deed in lieu of foreclosure, or wage earned plan? Yes No If yes, please provide details on separate sheet.

Owed To:	Balance Due:	Monthly Payments:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Automobile Descriptions or Other Vehicles

Make & Model: _____ Year: _____ Tag No. _____ State: _____
 Make & Model: _____ Year: _____ Tag No. _____ State: _____

Driver's License Numbers:

Applicant: License # _____ State: _____ Exp. Date: _____
 Co-Applicant: License # _____ State: _____ Exp. Date: _____

Whom should we contact in case of a personal emergency?

Name: _____ Relationship: _____ Phone: _____
 Street: _____ City: _____ State: _____

Name: _____ Relationship: _____ Phone: _____
 Street: _____ City: _____ State: _____

Statement:

The application states and represents that the information provided on this application is complete and accurate. Applicant authorizes verification of any and all information contained in this application and releases all concerned from any liability in connection with information given. You have the right to make a written request within 30 days for a complete and accurate disclosure of all information concerning the nature and scope of this application. I/We give authorization to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental property owners, and employers. Re-verification or investigation of preliminary findings is not required. I/We understand that if management accepts deposit, I understand that I may withdraw my application within 48 hours for any reason with a full refund of deposit. After 48 hours, the deposit will be forfeited to liquidating damages.

 Signature of Applicant Date

 Signature of Co-Applicant Date