

OFFICE USE ONLY:

Apartment assigned: _____
 Length of lease desired: _____
 Comments: _____



APPLICANT MUST COMPLETE:

Date: _____
 Desired Move-in Date: _____
 Type of Apartment Desired: _____
 Base Rent Quoted: _____

601 Hillpoint Blvd. / #161/Suffolk/ VA/ 23434
 TEL 757-923-2700 / FAX 757-923-5200
 office@hillpointwoods.com
 www.hillpointwoods.com

Rental Application

For the purpose of procuring rental of the herein described premises, the undersigned furnished the following as a true, full, and correct statement as of the date given.

Applicant Information

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Landlord: Phone:	How long? yr
Previous address:		
City:	State:	ZIP Code:
Owned <input type="checkbox"/> Rented <input type="checkbox"/>	Landlord: Phone:	How long? yr
Children's Names and Ages:		

Employment Information

Current employer:		
Employer address:		How long? yr
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Supervisor:	Annual income:

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information, (Spouse)-Roommates must complete separate applications.

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Landlord: Phone:	How long? yr
Previous address:		
City:	State:	ZIP Code:
Owned <input type="checkbox"/> Rented <input type="checkbox"/>	Landlord: Phone:	How long? yr

Co-applicant Employment Information

Current employer:		
Employers address:		How long? yr
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Supervisor:	Annual income:

Banking Information

Bank: _____ Branch: _____ checking savings



Personal References

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

AUTO MAKE	MODEL	AND LIC #	AUTO MAKE	MODEL	AND LIC #
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How did you hear about us? Apt. Book Apt Guide Word of Mouth Drive by One of our Residents Internet Other:

Do any applicants require reasonable accommodations to afford such person equal opportunity to use and enjoy a dwelling? No Yes
 Smoke detectors are provided in all units, do any applicants have any special needs requiring a Hearing Impaired Smoke Detector? No Yes

LEASE TERM REQUESTED:
 12-Month Lease/Requires no monthly fee 6 Month Lease/Requires \$100 monthly fee* 3-Month Lease/Requires \$300 monthly fee *
 Washer/Dryer Rental requested

<input type="checkbox"/> Pet(s) 1) Breed	Age	Weight	Name
2)Breed	Age	Weight	Name

**PROOF OF BREED, SIZE, WEIGHT, AGE AND VACINATIONS ARE REQUIRED FROM A VETERINARIAN
 (NO PETS ALLOWED WITHOUT WRITTEN CONSENT OF LESSOR)**

The lease you will be asked to sign prohibits pets without prior approval of the Lessor. If permitted, you must sign a pet addendum and pay a non-refundable pet fee of \$250.00 (additional \$250.00 refundable deposit if pet is under one year of age) and add \$25.00 to the monthly rent for each pet, maximum of two pets. See pet Addendum for additional information.

BY SIGNING BELOW YOU ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND THE FOLLOWING:

We are an Equal-Housing Opportunity Rental Community striving to provide good values in attractive housing. Our community is operated in compliance with the Federal and State Housing Laws. No one is denied the right to or discouraged from renting or applying for an apartment because of race, color, religion, sex, national origin, elderliness, familial status, or a handicap.
 I hereby authorize the Hearndon-Galberry, LLC, t/a Hillpoint Wood Apartments, its agent or Representative to verify any statement made herein and to obtain a credit report from any credit report agency and to interview third parties, such as family members, business associates, financial sources, friends and neighbors. I understand the information received from these sources will remain confidential and will be used solely for determining the credit worthiness of the above named applicants. Should the applicant be accepted, the lease signed and the above named applicant(s) takes possession of the premises, upon termination of tenancy and delivery of possession, Hearndon Galberry, LLC t/a Hillpoint Woods Apartments, its successors, or assigns, may obtain additional credit report(s) from any credit report agency, within the guidelines of The Fair Credit Reporting Act (FCRA) for the purpose of collecting any unpaid debt owed for which the security deposit does not cover. Furthermore it is understood that Hearndon-Galberry, LLC t/a Hillpoint Woods Apartments, its successors, or assigns, may conduct additional interviews with third parties including, but not limited to those outlined above.

Notification is made subject to Management’s approval or disapproval of rental application. If approved, notification is made part of the lease entered into by Lessor and Lessee. After apartment selection and notification we will withdraw the apartment from the market and not offer it to others. An application deposit, in the amount indicated below, will be retained for the purpose of holding said apartment. It is agreed this application deposit will be credited to the Security Deposit stated in the rental agreement. **The undersigned has 48 hours to cancel the assigned apartment, after which, if the undersigned fails to take the apartment, the application deposit will be applied to any costs or damages incurred by us. Any excess will be returned to undersigned with 20 days after cancellation.**

Further, it is stated that only those persons listed on the application are applying for residency.

(Signed) _____ (Signed) _____
 Applicant Date Applicant Date
 -----**FOR OFFICE USE ONLY BELOW THIS LINE**-----

A non-refundable Application fee of \$_____ (check money order) is hereby accepted to cover the expense of verifying the above information through any local Credit Bureau and other sources named herein. In addition to the above non-refundable application fee, a fee of \$_____ (check money order) is hereby accepted to cover the expense of verifying the above information using a third party for pre-occupancy checks specific to applicant.

In addition to above application fee, an application deposit of \$_____ (check, money order) is given to hold the assigned apartment off of the rental market. Application Deposits will be applied to the total security deposit of \$_____ required by Rental Agreement at time of lease execution. Security Deposits will be refunded in accordance with Virginia Statutes if application is not accepted.

 Signature Rental Office Date

For Office use only:
 Approved Conditionally Approved: _____ Guarantor Disapproved _____ By: _____

Applicant Notified _____ Letter sent for Approval Disapproval
 Comments _____



AGENCY DISCLOSURE:

Patrick L. Reynolds is a licensed real estate broker in the state of Virginia and Principal Broker of Ashby Real Estate Group. Patrick L. Reynolds and one of the ownership members of Hillpoint Woods Apts are ownership members of Ashby Development, which manages the daily operations of Hillpoint Woods Apartments. Ashby Real Estate Group does not directly represent Hillpoint Woods Apartments, but let it be disclosed that by the close relationship and ownership interest in Ashby Development and Hillpoint Woods Apartments Patrick L. Reynolds discloses his interest in Hillpoint Woods Apartments shall be inferred to be as an Owner/Agent for Hillpoint Woods Apartments.

DISCLOSURE OF BROKERAGE RELATIONSHIP

I acknowledge that Patrick L. Reynolds and Ashby Real Estate Group has disclosed to me that even though it does not directly represent Hillpoint Woods Apartment it shall be inferred that by his close relationship and ownership interest in Ashby Development he is representing the interest of Hillpoint Woods Apartments in its Brokerage Duties.

(Signed) _____ (Signed) _____
Applicant Date Applicant Date