

Briarcliff Apartments
PO Box 372
South Hill, VA 23970

Phone: 434-447-2293
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briarcliff@msinets.com

RENTAL APPLICATION

Equal Housing Opportunity

The undersigned hereby makes an application to rent unit# _____ located at: _____

Anticipated move in date: _____ Monthly rent: _____

Security deposit: _____

Rent is due the first day of the month. At 5% late fee will be accessed after the fifth of each month.

Full Name: _____

Home Phone() _____ Date of Birth: _____

Social Security #: _____ Email: _____

Other Phone #: _____ Cell #: _____

Co-Applicant Name: _____

Co-Applicant Date of Birth: _____ Email: _____

Social Security #: _____ Phone #: _____

and name of Dependents & Date of Birth of each: _____

Residential History – last 3 years

Current
Address: _____

Dates: _____ Owner/Agent: _____

Reason for
leaving: _____

Current
Address: _____

Dates: _____ Owner/Agent: _____

Reason for
leaving: _____

Current
Address: _____

Dates: _____ Owner/Agent: _____

Reason for
leaving: _____

Credit History

Have you declared bankruptcy in the past seven years? ___yes ___no

Have you ever been evicted from a rental residence? ___yes ___no

Have you had two or more late rental payments in the past year? ___yes ___no

Have you ever willfully or intentionally refused to pay rent when due? ___yes ___no

Employment

Employer: _____ Phone #: _____

Dates Employed: _____ Supervisor: _____

Length of Employment: _____

References

Name: _____ Number: _____

Relationship: _____ Years acquainted: _____

Name: _____ Number: _____

Relationship: _____ Years acquainted: _____

Name: _____ Number: _____

Relationship: _____ Years acquainted: _____

Emergency Contact

Name: _____ Phone Number: _____

Relationship: _____

Driver's License # & State: _____

Vehicle Make/Model/Year: _____

License Plate: _____

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application. I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$_____ as earnest money to be refunded to me if this application is not accepted in 3 business banking days. Upon acceptance, this deposit shall be retained as part of the security deposit. When so approved and accepted, I agree to execute a lease for _____ months before possession is given and to pay the balance of the security deposit prior to the move in date. If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the application hereby waiving any claim for damages by reason off non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, and investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

The above information, to the best of my knowledge, is true and correct.

Please sign: X _____
Name of Applicant Date

**AUTHORIZATION
Release of Information**

I agree to permit an investigation of my credit, tenant history, and employment for the purposes of renting an apartment with this owner/manager.

Name (please print)

X _____
Signature Date

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Deposit of \$ _____ Received by _____
Date _____

OFFICE NOTES: