

# Colonial Square

## Apartment Homes

10809 King William Road, Aylett VA  
23009

Mail address: P.O. BOX 8497  
Richmond, VA 23226

(804) 769-0867 fax) 804-823-5656  
email: [RentColonialSquare@gmail.com](mailto:RentColonialSquare@gmail.com)

## Rental Application

### Office Use Only:

Unit # \_\_\_\_\_ Move-In Date \_\_\_\_\_  
Unit Size \_\_\_\_\_ Sec. Dep. \$ \_\_\_\_\_  
App. Fee \_\_\_\_\_ Other \_\_\_\_\_  
Pro-rate: \_\_\_\_\_ Pet \_\_\_\_\_

Ver: 3/28/2018

Date of Application: \_\_\_\_\_ Move in date (or range of dates) desired? \_\_\_\_\_

Full Name (incl. middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### (PHYSICAL ADDRESS, NO P.O. BOX PLEASE)

How Long \_\_\_\_\_ Telephone # \_\_\_\_\_ Rent per Month \$ \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long \_\_\_\_\_ Telephone # \_\_\_\_\_ Rent per Month \$ \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Current Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Position \_\_\_\_\_ How Long? \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

(We will need a copy of your most recent pay stub and/or a completed income verification form)

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Position \_\_\_\_\_ How Long? \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

Automobile Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License \_\_\_\_\_ Registered To \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Name and relationship of all persons to be occupying apartment (including children and their ages):

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

4. Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Pets: Yes \_\_\_\_\_ No \_\_\_\_\_ (There is a \$200.00 initial non-refundable pet fee plus \$30 per month for the 1<sup>st</sup> pet and a \$100 non-refundable pet fee plus \$15 per month for an additional pet. Two (2) pet Maximum. Management reserves the right to deny any pet it deems undesirable)

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_

In case of Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Personal References (please give three)

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Receipt of \$ \_\_\_\_\_ for a NON-REFUNDABLE application fee (\$30 per applicant) is hereby acknowledged as is \$ \_\_\_\_\_ for a deposit to hold the apartment. *Deposits MUST be paid separately from all other payments.*

**NOTE:**

1. Applicant may withdraw this application within 48 hours after making application and deposit will be returned.
2. If applicant is not approved, deposit will be returned.
3. The Deposit placed to hold an apartment will be applied to liquidated damages if the applicant fails to sign a lease and begin paying rent by the agreed upon lease inception ("move-in") date.
4. An apartment is guaranteed subject to a deposit being paid and current resident, if one, moving out as scheduled.

**GOVERNMENT DATA COLLECTION AND DISSEMINATION PRACTICES ACT LETTER  
MARKET RATE DEVELOPMENTS**

As provided by the Government Data Collection and Dissemination Practices Act, anyone who is requested to provide personal information about himself must be informed whether he is legally required to provide such information, or whether he may refuse to supply the information requested. As an applicant for housing financed to the Virginia Housing Development Authority, you are requested to provide certain information that will enable Colonial Square Apartments to complete a "Tenant Income Certification"

The information requested will be used to determine an adjusted annual income which you and your family receive from all income sources. This is necessary because the Rules and Regulations adopted pursuant to the Authority conferred on the Virginia Housing Development Authority limit eligibility for initial occupancy to families whose adjusted income does not exceed certain established limits. In addition, it is necessary to know the composition of your family (number of dependents) so that the proper size of dwelling unit may be authorized for you and your family.

Although you are not legally required to provide the information requested, your failure to do so will result in our inability to determine your eligibility for housing in this development.

The completed "Tenant Income Certification" is electronically transmitted by this management agent/owner to the Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, VA 23220. It is possible that information provided by you will be revealed to others for the purpose of confirmation or for other purposes in accordance with the Virginia Freedom of Information Act, but any information so supplied is subject to the safeguards of the Government Data Collection and Dissemination Practices Act.

I authorize Landlord or his agent to obtain information they deem necessary in the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. I certify that the information furnished by me on this application is true and correct to the best of my knowledge, and if any information is found to be false, Landlord has no obligation to rent to me. Landlord may terminate any agreement entered into under false pretense.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_