

COLONIAL SQUARE

Apartment Homes

10809 King William Road
P.O. BOX 125
Manquin, VA 23106
Voice/Fax (804) 769-0867
amy@colonial-squareapartments.com

Rental Application

Office Use Only:	
Unit # _____	Move-In Date _____
Unit Size _____	Sec. Dep. \$ _____
App. Fee _____	Other _____
Pro-rate: _____	Pet _____

Ver: 4.22.15

Date of Application: _____

Full Name _____

Date of Birth _____ Social Security # _____ - _____ - _____

Home Phone: _____ Cell 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/age/DOB/last 4 of SSN):

- Name _____ Age _____ Relationship _____ DOB _____ SSN _____
- Name _____ Age _____ Relationship _____ DOB _____ SSN _____
- Name _____ Age _____ Relationship _____ DOB _____ SSN _____
- Name _____ Age _____ Relationship _____ DOB _____ SSN _____

Pets: Yes _____ No _____

(There is a \$200.00 initial non-refundable pet fee plus \$30 per month for the 1st 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. **The application fee and deposit MUST be in separate checks/payment methods.**

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 forfeited 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.

Signature: _____

Date: _____