

TEACHERS PLACE TOWNHOUSES

POST OFFICE BOX 6212

Roanoke, Virginia 24017

703- 477-7441

CONFIDENTIAL

RENTAL APPLICATION FOR: 1003 Fairfax Avenue N.W. Roanoke, Virginia 24016

Principal Renter: _____ SSN _____ DOB _____

Address _____ Telephone _____

Names of other persons who will occupy premises:

A. _____ age _____ SSN: _____

B. _____ age _____ SSN: _____

C. _____ age _____ SSN: _____

Employer _____ Address _____

Telephone _____ Job Title _____

Length of time at this job _____ Supervisor _____

Salary Amount: _____ per _____ Total Monthly Income: _____

Total amount of monthly indebtedness: _____

Automobile Information:

Auto 1: _____

Year Make model color Monthly payment amount

Auto 2: _____

Year Make model color Monthly payment amount

Auto 3: _____

Year Make model color Monthly payment amount

Personal Reference _____
Name *address* *telephone*

Personal Reference _____
Name *address* *telephone*

Do you have pets? yes no Will there be any smoking? yes no

Do you require handicap assistance devices? yes no

Previous Landlord _____
Name

Address *Telephone*

Have you ever been evicted yes no Please explain below.

Length of time you plan to be a tenant _____

I (We) certify that the preceding information is true to the best of my (our) knowledge.

signature

date

signature

date

signature

date