

INDIVIDUAL ROOM APPLICANT INFORMATION							
Full Name:			Gender:				
Email:							
Date of birth:		SSN:	Phone:				
Passport Country:		License #:	I-20 held by:				
Lease type: New Sublease							
Requested Move-In Date: * Unit Requested:							
*I understand that it is intended the apartment will be ready for occupancy as close to requested move-in date as possible. I agree that Blacksburg Homestay Village shall not be under any obligation to approval. I also agree that the full security deposit is applied to damages upon cancellation of my apartment. Blacksburg Homestay Village cannot be responsible for the inability to furnish applicants with any apartment on the specified date where construction delays, repairs, holdovers, or the lack of availability prevents us from providing occupancy of the requested apartment. INITIAL here :							
Room Size Preference:							
Room Floor Preference: F	irst (handic	capped accessible) \Box Second	□ Third □				
Apartment size/floor prefe	erences ar	e matched when possible but th	ese preferences are not binding				
available. If the membership is approved, contract must be signed and a security deposit must be paid 7 days after the contract is received into our office. A non-refundable \$US 375 fee is also applied to cancellation, at any time, to cover administrative costs. Pets: Blacksburg Homestay does not allow pets. INITIAL here: Applicant's Vehicle Please note that if parking is available we prohibit the parking of boats and other types of recreational vehicles.							
Vehicle make:	Mode		ise tag:				
Current Address							
City		State:	ZIP Code:				
City: Owned Rented (Please circle)		Monthly payment or rent:	How long?				
· · · · · ·		If YES, what year?	If YES, what department?				
Student? Yes No If YES, what year? If YES, what department? Previous Address Previous Address Previous Address Previous Address							
City:		State:	ZIP Code:				
Country:		State.					
Owned Rented (Please circ	·le)	Monthly payment or rent:	How long?				
Permanent Address			now long.				
City:		State:	ZIP Code:				
Country of Origin:							
EMPLOYMENT INFORMATION IN BLACKSBURG							
Current employer:							
Employer address:			How long?				
Phone:	E-mail:		Fax:				
City:		State:	ZIP Code:				
Position:		Hourly Salary (Please circle)	Annual income:				



Applicant's Criminal History							
Have you ever been convicted or pleade pending charges to a felony (whether or	YES 🗆 🛛 N	10 🗆					
Have you ever been convicted or pleade pending charges to a misdemeanor offer (whether or not resulting in a conviction	YES 🗆 🛛 N	YES 🗆 NO 🗆					
GUARANTOR							
Guarantor Name:							
Address:	Phone:	Phone:					
City:	State:	1	ZIP Code:	ZIP Code:			
Relationship to Applicant:	elationship to Applicant: Email:						
Guarantor's Employer/Business							
Name:	Position:		Phone:	Extension:			
Address:			City:	City:			
State:	Zip code:			Country:			
EMERGENCY CONTACT							
Please Notify: Relationship to Applicant:							
Address:			City:				
State:	Zip code:		Country:	Country:			
Phone:	Email:						
METHOD OF PAYMENT FOR MEMBERSHIP AND RENTAL FEE (THERE IS A 3% FEE FOR ONLINE PAYMENT)							
I will pay online at <u>www.blacksburghomestay.com</u>			will mail in fee (circle) YES NO will use Zelle (circle) YES NO				
I authorize Blacksburg Homestay.com LLC to verify the information provided on this form as to my credit and employment history.							
In addition applicant(s) has paid the sum of \$US 375 as a non-refundable membership fee							
I hereby state and represent that this information provided by me in this application is complete and accurate. I authorize you to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living. I release all concerned from any liability in connection with any information they give. I acknowledge and agree that in the event I enter into a lease with the owner that the owner may cancel the lease in the event any of the information provided by me in this application is materially inaccurate or incomplete. I understand that the policies and regulations are adopted for the benefit of all residents and proper operation of the property. I agree that my residency will be subject to them.							
Signature of applicant	Date						
Signature of co-applicant:	Date						