

# Cogil Corp Rental Application

661 Millwood Ave  
 Suite 209  
 Winchester, Virginia 22601  
 Office Cell: (540) 635-5322

Fax: (540) 301-5332

Notice: All adult applicants (18 years and older) must complete a separate application for rental.

Name of Co-Applicant :

Birth Date

Applicant Information					
Name Last:		First:		Middle:	Maiden:
Date of birth:		SSN:		Driver's License:	
Phone- Cell ( ) -	Home: ( ) -	Work: ( ) -		Email:	
Current Street Address:				Monthly Rent:	
City:		State:		ZIP Code:	
Date In:	Date Out:	Landlord Name:		Landlord Phone: ( ) -	
Reason for Leaving:					
Previous Street Address:				Monthly Rent:	
City:		State:		ZIP Code:	
Date In:	Date Out:	Landlord Name:		Landlord Phone: ( ) -	
Reason For Leaving:					
Employment Information					
Current employer:				Date Started:	
Position:		Hourly / Salary (Please circle)	Hourly Rate:	Monthly Income:	
Employer address:					
City:		State:		ZIP Code:	
Supervisor Name:			Supervisor Phone Number: ( ) -		
Supervisor Email:			Supervisor Fax Number: ( ) -		
Other Income					
Other Income Description:				Monthly Income:	
Other Income Description:				Monthly Income:	

Any Occupant Age 18 and over must complete a separate application.

**Other Occupants**

Name:	Birthdate:

**Emergency Contact**

Name of a person not residing with you:

Address:

City:	State:	ZIP Code:	Phone:
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**Personal References**

Relationship:

Name:	Street Address: City/State/Zip	Phone:
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Relationship:

Name:	Street Address: City/State/Zip	Phone:
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**Background Information**

Have You Ever	Y/N	Explanation	Been Evicted from Tenancy or Left Owing Money? _____
Filed for Bankruptcy?			Landlord Name
Warrant In Debt for An Unpaid Bill?			Address
Unlawful Detainer For An Unpaid Bill?			Phone
Been convicted of Crime? If yes, please provide type of offense, county and state			

**Vehicle Information**

Make/Model	Color	Year	License No & State
Make/Model	Color	Year	License No & State

**Additional Monthly Payments (Not Including Utilities)**

Other Payment Description:	Monthly Payment Amount:
Other Payment Description:	Monthly Payment Amount::

**Other Information**

How did you hear about this property?

Please include any additional information that you believe would help evaluate this application

## Release Signature

I the undersigned, authorize Cogil Corp, landlord and its agents to obtain an investigative consumer credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screen purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold Cogil Corp, Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information.

Important information about your rights under the Fair Credit Reporting Act

- You have a right to request disclosure of the nature and scope of the investigation.
- You must be told if information in your file has been used against you.
- You have a right to know what is in your file, and this disclosure may be free.
- You have a right to ask for a credit score (there may be a fee for this service)
- You have a right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct these inaccurate, incomplete or unverifiable information.

These reports are being processed by Cogil Corp, 661 Millwood Ave, Suite 209, Winchester, Virginia 22601 \

I authorize the verification of the information provided on this application as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date: