RENTAL APPLICATION FOR RESIDENTS AND OCCUPANTS

(Each co-applicant and each occupant 18 years old and over must submit a separate application.)

Date when filled out:



APPLICANT	INFORMATION

Full Name (Exactly as it appears of	on Driver's License or Govt. ID card)		
Former Name (if applicable)		Gender (Optional)	
Birthdate	Social Security #	Driver's License #	State
Government Photo ID card #		Туре	
Home Phone Number	Cell Phone Number	Work Phone Number	
Email Address Marital Status: 🗅 single 🗅 ma	rried 🗋 widowed 🗋 separated	Do you or any occupant smoke? 🛛 yes 🖵 no	
I am applying for the apartment	located at:		
Is there another co-applicant?	uyes uno		
Co-applicant Name			
Email			
Co-applicant Name			
Email			
Co-applicant Name			
Email			
Co-applicant Name			
Email			
Co-applicant Name			
Email			
OTHER OCCUPANTS			
Full Name		Relationship	
Date of Birth	 Social Security #	Driver's License #	State
Government Photo ID card #		Туре	
Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Туре	
Full Name		Relationship	
Date of Birth	 Social Security #	Driver's License #	State
	Social Security #		State
Government Photo ID card #		Туре	
Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Туре	
Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Туре	
Full Name		Relationship	
Date of Birth	Social Security #	Driver's License #	State
Government Photo ID card #		Туре	
	tion Inc. 40/0000 Minutate		D

© 2020, National Apartment Association, Inc. - 12/2020, Virginia

RESIDENCY INFORMATION				
Current Home Address (where you live	e now)			
0:4				Do you ❑ rent or ❑ own?
City Dates:		State	Zip Code \$	
From	То		Monthly Pay	vment
Apartment Name				
Landlord/Lender Name			Phone	
Reason for Leaving				
Previous Home Address				Do you 🖵 rent or
City		State	Zip Code	Do you a rem or
Dates:	<u></u>		<u>\$</u>	
From	10		Monthly Pay	ment
Apartment Name				
Landlord/Lender Name			Phone	
Reason for Leaving				
EMPLOYMENT INFORMATION	1			
Present Employer		Address		
City		State	Zip Code	Work Phone
Dates: From	То		<u>\$</u> Gross Mont	hly Income
Position				
Supervisor Name			Phone	
			Phone	
Previous Employer		Address		
City		State	Zip Code	Work Phone
Dates:			\$	
From	То		Gross Mont	hly Income
Position				
Supervisor Name			Phone	
ADDITIONAL INCOME				
(Income must be verified to be consider	red)		\$	
Туре	Source		 Gross Monthly A	mount
Туре	Source		\$ Gross Monthly A	mount
CREDIT HISTORY (if applicable				
If applicable, please explain any past cr				
RENTAL/CRIMINAL HISTORY				
(Check only if applicable) Have you or any occupant listed in this /	Application ever:			
 been evicted or asked to move out? moved out of a dwelling before the declared bankruptcy? been sued for rent? been sued for property damage? been convicted (or received an alterviolence to another person or destruction) 	? end of the lease term without t ernative form of adjudication ed uction of property, or a sex crin	quivalent to conviction)		
Please indicate the year, location and destruction of property, or a sex crime. <i>checked above</i> .				

R	EFERRAL INFORMATION			
Ho	w did you find us?			
	Online search. Website address:			
	Referral from a person. Name: Social Media. Which one?			
	Other			
Eľ	MERGENCY CONTACT			
En	nergency contact person over 18, who will not b	be living with you:		
Na	me		Relationship	
Ad	dress		City	
Sta	ate Zip Code	Home Phone #		Cell Phone #
W	ork Phone #	Email Address		
V	EHICLE INFORMATION (if applicable))		
Lis	t all vehicles owned or operated by you or any occ	cupants (including cars, trucks, r	notorcycles, trailers, etc.).	
Ma	ke	Model		Color
Ye	ar	License Plate #		State
Ma	ka	Model		Color
Ye	ar	License Plate #		State
Ma	ke	Model		Color
Ye	ar	License Plate #		State
Ma	ke	Model		Color
Ye	ar	License Plate #		State
P	T INFORMATION (if applicable)			
	u may not have any animal in your unit without mal addendum, which may require additional d			your requested animal, you must sign a separate
Na	me	Туре		Breed
Ge	nder	Weight		Color
Ag	e	Assistance Animal Status:	lyes 🖵 no	
	-			
No	me	Туре		Breed
Ge	nder	Weight Assistance Animal Status:	ves 🖸 no	Color
Ag	e		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
A	PPLICATION AGREEMENT			
be	low may not yet apply to your situation, the	re are some provisions that	may become applicable	Lease Contract. While some of the information e prior to signing a Lease Contract. In order to
	ntinue with this application, you'll need to re		-	
	Lease Contract Information. The Lease Con must be explicitly noted on the Lease Contract.		rties will be the current Le	ase Contract. Special information and conditions
2.	Application, our representative will notify you	(or one of you if there are co		signed the Lease Contract when we approve the val, sign the Lease Contract, and then credit the
3.	application deposit of all applicants toward the Approval When Lease Contract Isn't Yet Sig		ants have not signed the I	_ease Contract when we approve the Application,
	our representative will notify you (or one of you signed, and then credit the application deposit			ase Contract when you and all co-applicants have
4.	within 3 days after we give you our approval in sign as required, we will terminate all further of	person or by telephone or wit	hin 5 days after we mail y	nd all co-applicants must sign the Lease Contract ou our approval. If you or any co-applicant fails to posits will be refunded in accordance with Virginia
5.	you've changed your mind about renting the dv	velling unit, all application dep		licant withdraws an Application or notifies us that ccordance with Virginia § 55.1-1203, as amended,
6	and thereafter the parties will have no further of Approval/Non-Approval. We will notify you	-	d within 10 days after the	e date we receive a completed Application. Your
	Application will be considered "disapproved" in Notification may be in person or by mail or tele	f we fail to notify you of your ephone unless you have requ	approval within 10 days lested that notification be	after we have received a completed Application. by mail. You must not assume approval until you
7.	receive actual notice of approval. The 10-day t Refund after Non-Approval. If you or any co-			reement. · Paragraph 6, we'll refund all application deposits
	in accordance with Virginia Code § 55.1-1203, Extension of Deadlines. If the deadline for s	as amended. Refund checks igning, approving, or refundin	may be made payable to a g under paragraphs 4, 5,	all co-applicants and mailed to one applicant. 6, or 7 falls on a Saturday, Sunday, or a state or
	federal holiday, the deadline will be extended to			

APPLICATION AGREEMENT (CONTINUED)

- 9. Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
- 10. Application Submission. Submission of a rental application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease Contract.

DISCLOSURES

- Application Fee (Non-Refundable). You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph

 Payment of the application fee does not guarantee that your application will be accepted. The application fee partially defrays the cost of
 administrative paperwork. It is non-refundable except as provided by applicable law.
- 2. Application Deposit. In addition to any application fee(s), you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. *The application deposit is not a security deposit.* To the extent permitted by applicable law, the application deposit will be credited toward the required security deposit when the Lease Contract has been signed by all parties; OR, it will be refunded under paragraph 7 of the Application Agreement if your application is not approved; OR, it will be refunded under paragraph 4 or 5 of the Application Agreement if you fail to sign or attempt to withdraw.
- 3. Fees Due. Your Rental Application will not be processed until we receive your completed Rental Application (and the completed Rental Application of all co-applicants, if applicable) and the following fees:
 - 1. Application fee (Non-refundable): \$
 - Application deposit (Refundable): \$_______
- 4. Completed Application. Your Rental Application for Residents and Occupants will not be considered "completed" and will not be processed until we receive the following documentation and fees:
 - 1. Your completed Rental Application;
 - 2. Completed Rental Applications for each co-applicant (if applicable);
 - 3. Application fees for all applicants;
 - 4. Application deposit for the Unit.
- 5. Notice to or from Co-Applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.

AUTHORIZATION AND ACKNOWLEDGMENT

AUTHORIZATION

I authorize MST CHESTERFIELD LLC .

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Payment Authorization

I authorize MST CHESTERFIELD LLC

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-Sufficient Funds and Dishonored Payments.

If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- (i) Applicant shall pay to us the NSF Charge; and
- (ii) We reserve the right to refer the matter for criminal prosecution if warranted.

ACKNOWLEDGMENT

You declare that all of your statements in this Application are true, accurate and complete. You authorize us to verify the same. If you fail to answer any question(s) or if you provide us with false information, we may reject the application, and/or terminate your tenancy and your right of occupancy, and we may pursue all other rights and remedies available to us under applicable Virginia law. Giving false information is a serious offense. In any lawsuit relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the non-prevailing party. In accordance with applicable Virginia and federal law, we may furnish information to consumer reporting agencies and to any other rental housing owners regarding your tenancy.

Applicant's Signature	Date	
FOR OFFICE USE ONLY		
	Unit # or type	
Apt. name or dwelling address (street, city)		
Person accepting application	Phone	
Person processing application	Phone	
Applicant or Co-applicant was notified by 🗆 telephone 🗅 letter 🗅 en	nail, or 🛛 in person of 🖵 acceptance or 🖵 non-accep	tance on
(Deadline for applicant and all co-applicants to sign lease is three days after noting Name of person(s) who were notified (at least one applicant must be notified if more applicant must be notified if more applicant must be notified.		mail.)
Name(s)		
Name of owner's representative who notified above person(s)		
ADDITIONAL COMMENTS		



SUPPLEMENTAL RENTAL APPLICATION FOR UNITS **UNDER GOVERNMENT REGULATED AFFORDABLE HOUSING PROGRAMS**



January 11, 2021 Date: _

(when this Application is filled out) 1. SUPPLEMENTAL INFORMATION. The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.

2. EMPLOYMENT UPDATE. Present e	mployer:		······································	
Address:		City, State, Zip:		
Work Phone:	Position:			
B. HOUSEHOLD COMPOSITION. List	all persons, including yourself, who wil	l be living in your household.		
Number of Persons	Full Name	Relationship	Age	Student Status
1 (Head of Household)				🗋 Full-tíme 🗋 Part-time 🗋 N/A
2				🗋 Full-time 🗋 Part-time 🗋 N/A
3				🗋 Full-time 🗋 Part-time 🗋 N/A
4				🗋 Full-time 🗋 Part-time 🗋 N/A
5				🗋 Full-time 🗋 Part-time 🗋 N/A
6				🖵 Full-time 🗋 Part-time 🗋 N/A

Does anyone live with you now who is not listed above? 🗋 Yes 🗋 No. Does anyone plan to live with you in the future who is not listed above? 🗋 Yes No. If you answered "Yes" to any question, please explain: _

Are any of the household members listed above:

Foster children? 🗋 Yes 🗋 No

Live-in attendants? 🗋 Yes 🗋 No

ANNUAL INCOME. List all income of all adults and persons in your household, including those under 18 (except for income earned from employment 4. by persons under the age of 18).

Gross Monthly Income Source: Indic in your household receives income fi		Applicant	Co-Applicant	Other Household Members	Total
Salary	🗋 Yes 🔲 No	\$	\$	\$	\$
Overtime Pay	🗋 Yes 🗌 No	\$	\$	\$	\$
Commissions and Fees	🗋 Yes 🛄 No	\$	\$	\$	\$
Tips and Bonuses	🗋 Yes 🛄 No	\$	\$	\$	\$
Interest and/or Dividends	🗌 Yes 🔲 No	\$	\$	\$	\$
Net Income from Business	🗋 Yes 🔲 No	\$	\$	\$	S
Net Rental Income	🗋 Yes 🔲 No	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc., Received	Yes DNo Periodically	\$	\$	S	S
Support from Parents or Relativ	es 🗋 Yes 🛄 No	\$	\$	\$	\$
Unemployment Benefits	🗋 Yes 🔲 No	\$	\$	\$	\$
Workers' Compensation, etc	🗋 Yes 🔲 No	\$	\$	\$	\$
Court Ordered Child Support or Alimony (regardless whether	Yes No • paid)	\$	\$	\$	\$
AFDC/TANF	🗋 Yes 🗌 No	\$	\$	\$	\$
Other: 🗌 Yes 🗋 No (explain)		\$	\$	\$	\$

Listing of All As	ssets	Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s)	🗌 Yes 🔲 No	\$ \$	\$ \$		
Savings Account(s)	🗋 Yes 🗋 No	\$ \$	\$ \$		
Credit Union Account(s)	🗋 Yes 🗋 No	\$	\$		
Stocks, Bonds or Mutual Funds	📑 Yes 🗋 No	\$	\$		
Real Estate or Home	🗋 Yes 🗌 No	\$	\$		
IRA/Keough Account	🗋 Yes 🗔 No	\$	\$		
Retirement/Pension Fund	🗋 Yes 🗋 No	\$	\$		
Trust Fund	🗋 Yes 🗋 No	\$	\$		
Mortgage Note Held	🗋 Yes 🔲 No	\$	\$		
Whole Life Insurance Cash Value	🗋 Yes 🗋 No	\$	\$		
Other: 🗋 Yes 🗋 No (expl	ain)	\$	\$		n N N

CERTIFICATION. By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are 6. consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application.

RECERTIFICATION. If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" 7. section of the NAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application

Virginia/National Apartment Association Official Form, July 2018 © 2018, National Apartment Association, Inc.

