



**UNITED
PROPERTY
ASSOCIATES**

**NON-REFUNDABLE APPLICATION FEE
\$ _____ PER APPLICANT
MONEY ORDER or CERTIFIED FUNDS**



**EQUAL
HOUSING
OPPORTUNITY**

***SPOUSE AND/OR CO-APPLICANT MUST COMPLETE SEPARATE APPLICATION ***

1. APPLICANT HISTORY AND CO-APPLICANT INFORMATION				
COMMUNITY: _____		APPLICANT'S EMAIL ADDRESS: _____		
APPLICANT'S FULL NAME (LAST, FIRST, MI)	BIRTH DATE	SOC SEC NUMBER	DRIVERS LICENSE #/STATE	MARITAL STATUS <input type="checkbox"/> MAR <input type="checkbox"/> SEP <input type="checkbox"/> SIN <input type="checkbox"/> DIV <input type="checkbox"/> WID
CO-APPLICANT/SPOUSE'S FULL NAME (LAST, FIRST, MI)	BIRTH DATE	SOC SEC NUMBER	DRIVERS LICENSE #/STATE	MARITAL STATUS <input type="checkbox"/> MAR <input type="checkbox"/> SEP <input type="checkbox"/> SIN <input type="checkbox"/> DIV <input type="checkbox"/> WID
2. NAME, RELATIONSHIP & AGE OF ADDITIONAL OCCUPANTS, OTHER THAN THOSE LISTED ABOVE				
(NAME) _____	(RELATIONSHIP) _____	DATE OF BIRTH _____	SSN _____	
(NAME) _____	(RELATIONSHIP) _____	DATE OF BIRTH _____	SSN _____	
(NAME) _____	(RELATIONSHIP) _____	DATE OF BIRTH _____	SSN _____	
(NAME) _____	(RELATIONSHIP) _____	DATE OF BIRTH _____	SSN _____	
3. ADDRESSES				
CURRENT ADDRESS: _____ (STREET) _____ (CITY, STATE) _____ (ZIP)				
FORMER ADDRESS: _____ (STREET) _____ (CITY, STATE) _____ (ZIP)				
CURRENT PHONE #'S: HOME #: _____ BUSINESS #: _____ CELL #: _____				
4. RENTAL HISTORY				
MANAGER'S REVIEW / INITIALS _____	NAME OF CURRENT RENTAL AGENCY: _____ PHONE #: _____			
	CURRENT MONTHLY RENT \$ _____ HOW LONG HAVE YOU LIVED AT THE CURRENT ADDRESS? _____			
	WHY ARE YOU LEAVING? _____			
	HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	HAVE YOU OR YOUR SPOUSE EVER BROKEN A RENTAL AGREEMENT OR LEASE CONTRACT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	HAVE YOU OR YOUR SPOUSE EVER BEEN SUED FOR NON-PAYMENT OF RENT OR DAMAGES TO RENTAL PROPERTY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN: _____			
HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN: _____				
HAVE YOU AND/OR SPOUSE EVER FILED FOR BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
5. EMPLOYMENT HISTORY				
APPLICANT'S CURRENT EMPLOYER: _____ ADDRESS OF EMPLOYER: _____				
PHONE NO. OF EMPLOYER: _____ APPLICANT'S POSITION: _____ LENGTH OF EMPLOYMENT: _____				
IMMEDIATE SUPERVISOR: _____ MONTHLY SALARY: \$ _____ OTHER MONTHLY INCOME: \$ _____ SOURCE OF INCOME: _____				
PREVIOUS EMPLOYER IF LESS THAN ONE YEAR: _____ PHONE #: _____				
6. MILITARY				
BRANCH OF SERVICE: _____ RANK: _____ EOS DATE: _____ YEARS IN SERVICE: _____				
DUTY STATION ADDRESS: _____ C.O.'S NAME AND PHONE NUMBER: _____				

7. REFERENCES (RELATIVES NOT PERMITTED)

NAME AND ADDRESS OF TWO CHARACTER REFERENCES **IN THIS AREA:**

(NAME)	(ADDRESS)	(PHONE)	(RELATIONSHIP)
(NAME)	(ADDRESS)	(PHONE)	(RELATIONSHIP)

8. FINANCIAL INSTITUTION INFORMATION

CHECKING: BANK AND BRANCH (INCLUDE CITY/STATE)	ACCOUNT #:
SAVINGS: BANK AND BRANCH (INCLUDE CITY/STATE)	ACCOUNT #:

9. VEHICLES

ALL VEHICLES (CARS, TRUCKS, MOTORCYCLES) TO BE PARKED ON THE PREMISES BY OCCUPANTS MUST BE LISTED ON APPLICATION.

TYPE VEHICLE _____ YEAR _____ MODEL _____ COLOR _____ LICENSE PLATE # & STATE _____

TYPE VEHICLE _____ YEAR _____ MODEL _____ COLOR _____ LICENSE PLATE # & STATE _____

TYPE VEHICLE _____ YEAR _____ MODEL _____ COLOR _____ LICENSE PLATE # & STATE _____

10. EMERGENCY INFORMATION

NAME: _____ PHONE #: _____

(LAST) (FIRST) (MI) (AREA CODE)

ADDRESS: _____

(STREET) (CITY,STATE) (ZIP CODE)

RELATIONSHIP (MOTHER, FATHER, SISTER, BROTHER, ETC.): _____

11. OTHER INFORMATION

DO YOU OWN A PET? YES NO NUMBER OF PETS _____ TYPE OF PET _____ WEIGHT _____

The Owner of the unit you are applying for carries insurance on the building only. Neither the Manager nor the Owner of the property is responsible for damage to your personal property.

DO YOU HAVE RENTER'S INSURANCE? YES NO WITH WHOM? _____

12. ITEMS REQUIRED TO COMPLETE APPLICATION PROCESS

UPON RETURNING YOUR APPLICATION, PLEASE BRING THE FOLLOWING TO PROCESS YOUR APPLICATION:

MANAGER'S REVIEW / INITIALS	1. PICTURE I.D. REQUIRED (DRIVER'S LICENSE, MILITARY, OR GOVERNMENT/STATE ISSUED I.D.)
	2. MOST CURRENT MONTHLY PAY STUBS
	3. PROOF OF SOCIAL SECURITY NUMBER

This application is made subject to approval. It is further understood that the answers to the foregoing questions are to the best of my knowledge true and I have read and understood the information contained at the bottom of this application. **DISCLOSURE OF AGENCY RELATIONSHIP.** In compliance with Chapter 21 of Title 54.1, of the Virginia Real Estate Board Regulations, you are hereby notified that **UNITED PROPERTY ASSOCIATES** is representing the owner(s) of this property in this real estate transaction.

APPLICATION AGREEMENT

1. Management assumes no obligation to reserve a unit unless a properly completed application, signed lease and full deposit are received.
2. Applicant agrees to the release of any pertinent information concerning his/her credit, criminal record and/or character references by signing this application and it is further understood that any such information will be held strictly confidential.
3. This application will become part of any lease agreement entered into between the Lessor and Lessee. It is understood and agreed that the deposit will be refunded in full if application is disapproved by management for any reason. However, if applicant changes their mind or fails to execute a lease agreement on the agreed date, any monies held will be applied to actual damages. If monies held are on a currently rented unit, there will be a \$25.00 processing fee. All rental rates quoted are valid for 30 days from date of application only.
4. A lease agreement must be executed, pro-rated and/or applicable rent paid and electric service confirmed forty-eight (48) hours before obtaining keys to the premises. Prior arrangements are required if applicant plans to take possession outside of normal office hours, subject to manager's consent.
5. Applicant agrees this application will not be considered complete until management has received applicant's credit report and verification of applicant employment, rental history, and, where applicable, applicant's criminal background check.
6. This is an Equal Housing Organization. Your application will not be rejected because of race, color, religion, sex, handicap, familial status or national origin. The approval of your application is subject to your ability to demonstrate that you are able to pay rent and are capable of entering into a contract.

SIGNED _____ DATE _____

APPLICATION APPROVED: _____ APPLICATION REJECTED: _____ DATE _____

Note basis for rejection: _____