



NEIGHBORHOOD PROPERTIES, INC.

P.O. Drawer R
Charlottesville, Virginia 22903
(434) 971-8000
Fax: (434) 971-8020

Residential Rental Application

FOR OFFICE USE ONLY: Date _____ Agent _____
Property Address _____ Unit No. _____ Rent \$ _____

TO THE APPLICANT: We sincerely thank you for your application. Please help us promptly process this application by clearly completing all of the required information.

Date of Application _____ Desired Move-In Date _____
Type and Size of Unit Wanted (No. of Bedrooms, etc.) _____
How Did You Hear About Our Property? _____

PERSONAL INFORMATION

Applicant's Full Name _____
Date of Birth _____ Social Security No. _____
Driver's License No. & State _____

Full Names of All Other Residents:	Relationship to You	Date of Birth

RESIDENCE HISTORY

PRESENT ADDRESS _____

Telephone _____ At Present Address/Date From: _____ To: _____

Present Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____

At Previous Address / Date From: _____ To: _____

Previous Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

PRESENT STATUS: Employed Full-Time Part-Time Not Employed Retired Student

PRESENT EMPLOYER: (or most recent) _____

Employer's Address _____

Telephone _____ Dates Employed/From: _____ To: _____

Position Held _____ Department _____

Supervisor _____ Gross Monthly Income \$ _____

PREVIOUS EMPLOYER: _____

Previous Employer's Address _____

Telephone _____ Supervisor _____ Dates Employed/From: _____ To: _____

IF STUDENT, LIST SCHOOL _____ School Telephone _____

Present Grade Level _____ Expected Date of Graduation _____

BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH _____ Telephone _____

Checking Account No. _____ Savings Account No. _____

Loan Account No. _____ Monthly Payment \$ _____

BANK NAME & BRANCH _____ Telephone _____

Checking Account No. _____ Savings Account No. _____

Loan Account No. _____ Monthly Payment \$ _____

CREDIT REFERENCE _____ Telephone _____

Address _____ Account No. _____

CREDIT REFERENCE _____ Telephone _____

Address _____ Account No. _____

CREDIT REFERENCE _____ Telephone _____

Address _____ Account No. _____

OTHER REFERENCE _____ Telephone _____

Address _____

CO-APPLICANT INFORMATION

Co-Applicant's Full Name _____ Date of Birth _____
Social Security Number _____ Driver's License No. & State _____
CO-APPLICANT'S EMPLOYMENT: Employed Full-Time Part-Time Not Employed Retired Student
CO-APPLICANT'S EMPLOYER: (or most recent) _____
Employer's Address _____
Telephone _____ Dates Employed /From: _____ To: _____
Position Held _____ Supervisor _____ Gross Monthly Income \$ _____

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____
Make /Model _____ Year _____ Color _____ Tag No./State _____
Make /Model _____ Year _____ Color _____ Tag No./State _____
Other Car, Motorcycle, etc. _____

HOW MANY PETS DO YOU OR OTHER OCCUPANTS OWN? _____
Kind of Pet, Breed, Weight, and Age _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No
Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No
Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No
Comments/Explanation _____

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____ Telephone _____
Amount \$ _____ Per _____ Source _____ Telephone _____

IN CASE OF PERSONAL EMERGENCY, NOTIFY _____
Relationship _____ Address _____
Home Phone _____ Work Phone _____

AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING:

In considering this application from you, management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize management to verify any references that you have listed. In addition, you authorize management to obtain a consumer credit report. A credit check will appear on your consumer credit report as an inquiry.

Signed _____ Date _____

Signed _____ Date _____

Date Application Received _____ Received By _____

RECORD OF DEPOSITS/ADVANCE PAYMENTS:		
Date	Description	Amount

REFERENCE VERIFICATION:			
Reference	Remarks	Spoke With	By
<input type="checkbox"/> Present Landlord			
<input type="checkbox"/> Previous Landlord			
<input type="checkbox"/> Employer			
<input type="checkbox"/> Previous Employer			
<input type="checkbox"/> Co-Res. Employer			
<input type="checkbox"/> Bank (I)			
<input type="checkbox"/> Bank (II)			
<input type="checkbox"/> Credit			
<input type="checkbox"/> Credit			
<input type="checkbox"/> Credit			
<input type="checkbox"/> Other			
<input type="checkbox"/> Credit Bureau			

DISPOSITION OF APPLICATION:	
<input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Not Approved</i> By _____ Date _____	
IF NOT APPROVED, INDICATE REASON(S): <input type="checkbox"/> Unfavorable Credit Report <input type="checkbox"/> Unfavorable Employment Reference <input type="checkbox"/> Unfavorable Report From Landlord <input type="checkbox"/> Size or Number of Pets <input type="checkbox"/> Other (Specify): _____	
Applicant Notified By (Name) _____ Date Notified _____	
Notified Via: <input type="checkbox"/> Letter or Form (Attach Copy) <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person <input type="checkbox"/> Fax	
Name of Person Notified _____ Notes _____	

MOVE-IN INFORMATION:	ITEMIZED CHARGES	
Unit Number/Address _____	Rental Rate	\$
	Security Deposit	\$
Lease Term From _____ To _____		
Date of Expected Move-In _____		
Notes _____		

