Coastal Properties of Va. Inc.

RENTAL APPLICATION NOTE: Co-applicants must complete a separate application form. PLEASE PRINT **Marital Status:** __Single Married Divorced __Widowed ___Separated Email address: Part time student Applicant: Full time student Full Name Social Security Birth Date Phone # Not a student Co-Applicant: Part time student Full Name Social Security Birth Date Phone # Full time student Not a student Other Occupants: Part time student Full time student Not a student Birth Date Social Security Name Relationship Part time student Full time student Not a student Birth Date Social Security Name Relationship Part time student Full time student Not a student Name Birth Date Social Security Relationship Part time student Full time student Not a student Name Birth Date Social Security Relationship Are any changes in household composition anticipated in the next 12 months? If yes, please explain:_____ () Yes () No STUDENT STATUS: Are all of the residents full-time students?) Yes) No IF YES: is the household comprised of a single parent and child, neither of whom is dependent on a third party?

IF YES: are Applicant & Co-Applicant married and file a joint tax return?

does the household receive AFDC or TANF?) Yes) Yes) Yes () No () No () No IF YES: is head of household in federal or state job training program? () Yes () No HOUSING HISTORY: Current Address: Date From Street Name Payment Date To Apt. # Amount Landlord's Name/Phone #: Zip Code(required) County Landlord's Address: Reason for Moving: Previous Address: Street Name Apt. # Payment Date From Date To Amount Landlord's Name/Phone #: City State Zip Code(required) County Landlord's Address: Reason for Moving:_ OTHER INFORMATION Driver's License #: State: Expires: __ Year: License Plate #: ___ Vehicle Model: Color: HAVE YOU EVER: Filed for Bankruptcy? -----() Yes (Been evicted from Tenancy? ----- () Yes ()No Been convicted of a Felony? -----() Yes ()No WILL YOU BE BRINGING A PET? ()Yes ()No If Yes, what type? HOW DID YOU HEAR ABOUT US?

Phone

Relationship

Nearest Living Relative:

Name

Address

APPLICANT/RESIDENT RELEASE AND CONSENT FORM

In consideration of Coastal Properties of Va. review of my rental/renewal application, I hereby voluntarily consent to and authorize Coastal Properties of Va. to obtain information with regards to my qualification as a resident of this apartment community.

I/We authorize all persons and organizations that may have information relevant to my residency to disclose such information to Coastal Properties of Va. Inc. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original which will be on file and will remain in effect for one (1) year from the date signed.

GROUPS OR INDIVIDUALS WHO MAY BE ASKED TO RELEASE INFORMATION:

Past & present employers	Welfare agencies	Previous & present landlords	
Police department official records	State unemployment agencies	Educational institutions Veterans Administration Credit bureaus	
Child support & alimony providers	Social Security Administration		
Retirement systems/administrations	Medical & childcare providers		
Banks & other financial institutions			
Applicant/Resident Signature	Print Name	Date	
Co-Applicant/Resident Signature	Print Name	Date	
Other Adult Member of Household	Print Name	- Date	
Other Adult Member of Household	Print Name	 Date	

Income & Asset Disclosure Statement

Please include the amount for each "yes	" answer.		
INCOME SOURCE	<i>(</i>)) <i>(</i>	()))	
Employment Income (Gross Amount)	()Yes	()No \$	
Military Pay	()Yes	()No \$	
Self Employment Income	()Yes	()No \$	
Social Security Income (Gross Amount)	()Yes	()No \$	
Social Service Income	()Yes	(_)No\$	
Disability Income	()Yes	()No \$	
Unemployment Income	()Yes	()No \$	
Worker's Compensation	()Yes	()No \$	
Pensions	()Yes	()No \$	
Rental Income from Property Owned	()Yes	()No \$	
Section 8/ Housing Voucher	()Yes	()No \$	
Welfare Assistance (AFDC/TANF)	()Yes	()No \$	
Child Support	()Yes	()No \$	
Alimony	()Yes	()No \$	
Recurring Monetary Gifts	()Yes	()No \$	
Veterans Administration Benefits	()Yes	()No \$	-
Income from any source not mentioned/i e 2 nd iol		()No \$	
Income from any source not mentioned(i.e.2 nd jol (List information on 2 nd job on back of page)	7163	()140	
Employment: Circle all applicable: Employed full Non-employed	time Employ	yed part time Self-	employed
Current	5		
Employer:	Position:	Date	e Hired:
Address: per: hour v	Supervisor:	inale anal	Phone:
Current vvages: \$ per: nour \	veek month year (c	circle one)	
Do you expect to earn substantial overtime? ()Yes	()NO IT SO, NOW I	nucn?	
Assets: Do you have any of the following? If yes, indicate Checking Account (average 6 month balance)		Dollar Value	Name of Institution
Savings Account)Yes ()No	\$ \$	
Certificates of Deposit)Yes ()No	\$ \$	<u> </u>
•			·
Stocks or Bonds)Yes ()No	\$	-
IRA's or Retirement Funds)Yes ()No	\$	
Mutual Funds)Yes ()No	\$	
Trust Accounts)Yes ()No	\$	
Whole or Universal Life Insurance (not Term))Yes ()No	\$	
Personal Property held as an investment	<u>)Yes ()No</u>	\$	
Real Estate)Yes ()No	\$	
Any Assets not listed above)Yes ()No	\$	
Have you disposed of any assets in the			
Previous 24 months?)Yes ()No	\$	
I hereby apply to lease the above described premises Agent for the owner of the property, to accept this understand that residency at this community entails ce to procure a consumer report as defined in the Fair standing, credit capacity, character, general reputation of \$ which I acknowledge is the cost administrative set-up costs. This fee is non-refundable attesting to the information contained herein which cert	application, I warrant train income restrictions Credit Reporting Act, 1 personal characteristic of procuring a consum I agree that in addition	hat all statements containers and that residency is subje 5 U.S.C. 1881 a (d) seekings or mode of living. I tender her credit report, employment to execution of a Lease Agreement.	d herein are true. I have been advised and to to qualification. I hereby authorize Landlord g information on the credit worthiness, credit in addition to any security deposit, the amount t verification, character references and other
A deposit of \$ is made herein. If the a covenants of the lease and as damage deposit. The ful three (3) days after the execution of this application the full. Landlord reserves the right to retain the security application is withdrawn after the time limit set out in the	I security deposit will be at applicant(s) no longe deposit if, for any rea	e \$ If er wishes to rent said apartm	nent, Landlord agrees to return said deposit in
By execution of this application, I hereby authorize Co appropriate. I understand that such investigations type consumer credit reports. By signing below, the application background check could affect the approval of this applied of VA, Inc. represents the Landlord in a real estate transport of the country of the countr	ically include (but are nt gives permission to lication. The undersign	not limited to) verification of procure a criminal background	of employment and salary, rental history and and check and understands the results of such
WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal of	fense to willfully falsify a mat	erial fact or make a false statement	in any matter within the jurisdiction of a federal agency.
Applicant:		Date	