Thalhimer
CUSHMAN & WAKEFIELD ALLIANCE

EQUAL HOUSING OPPORTUNITY

RENTAL APPLICATION

☐ Resident ☐ Guarantor Application Number: _____

Property _____ Bldg.# _____ Unit # _____ Res. # _____

Lease Term From: _____ To: _____

AGENCY DISCLOSURE: Management hereby discloses, pursuant to Section 55-248.12 of the Code of Virginia (1950) as amended, the applicable section of the Virginia Residential Landlord and Tenant Act, and any and all other applicable federal or state regulations, that Morton G. Thalhimer, Inc., 1313 East Main St., Richmond, VA 23219 is the authorized managing agent for the leased premises.

PART I: APPLICATION INFORMATION

Source Code: _____ Date of Application: _____

Name: _____
First Middle Last

SS# ___/___/___ Verification by Driver's License: [ ] DOB: ___/___/___ Phone: (___) ___–___

Present Address: _____
Street City/State Zip

Present Landlord: _____ Phone: (___) ___–___ Rent _____ (monthly)

Are you a leaseholder? Yes ( ) No ( ) Are you an occupant only? Yes ( ) No ( ) Length of Occupancy: _____

Previous Address: _____
(If less than 2 years at present address) Street City/State Zip

Previous Landlord: _____ Phone: (___) ___–___ Rent _____ (monthly)

Are you a leaseholder? Yes ( ) No ( ) Are you an occupant only? Yes ( ) No ( ) Length of Occupancy: _____

Employer: _____
Firm Name and Address City/State Zip

Position: _____ Hire Date: _____ Supervisor: _____ Length of Employment: _____

Work Phone: (___) ___–___ Gross Annual Income: $ _____
(Human resources and/or supervisors work phone)

Other Income/Source: _____ Employer: _____
(Trust, Annuities, Soc. Sec., PT employment, etc.) Firm Name and Address City/State Zip

Position: _____ Hire Date: _____ Supervisor: _____ Length of Employment: _____

Work Phone: (___) ___–___ Gross Annual Income: $ _____
(Human resources and/or supervisors work phone)

Previously Employed By: _____
(If at current place of employment for less than six months) Firm Name and Address City/State Zip

Position: _____ Hire Date: _____ Supervisor: _____ Length of Employment: _____

Work Phone: (___) ___–___ Gross Annual Income: $ _____
(Human Resources and/or supervisors work phone)

Bank References: _____
Savings Account: Bank/Address Checking Account: Bank/Address

Automobiles:
(No motorcycles, recreational, or commercial vehicles are allowed without management's permission.)

Make/Model	Year	Tag No.	State	Monthly Payment	Financed By

Total Monthly Obligations (i.e. Charge Cards, Loans, etc.) _____

PART II: OCCUPANT DATA

Occupants' Names _____ Age: _____ _____ Age: _____

(Include children's names & ages as well as any other authorized occupants.) _____ Age: _____ _____ Age: _____

_____ Age: _____ _____ Age: _____

Will any person occupying the premises require a visual smoke detector for the hearing impaired? Yes ( ) No ( )

PART III: PET INFORMATION

No. of Pets Owned: _____ (Limit 1-2 pets per apartment policy) (Maximum weight is 30 lbs.)

Type of pet(s): _____ Breed: _____ Color: _____ Name: _____

_____ Breed: _____ Color: _____ Name: _____

PART IV: EMERGENCY CONTACT

(Nearest relative not currently living with you)

Phone: Day (___) ___–___ Evening (___) ___–___

Name(s): _____ Relationship(s) _____

Address: _____
Street City/State Zip

I certify that the facts set forth in this RENTAL APPLICATION are true and complete to the best of my knowledge and belief. I understand that making a known false statement on this application is grounds for denial, termination of lease and/or eviction. I consent that the information provided above may be verified, and I further authorize the owner to make any investigation of my residential history, employment history, and credit/financial references. All such information hereon will be kept confidential.

I agree that the required Application Fee of $ _____ received by management on _____ will not be refunded for any reason. I further agree that my Holding Fee/Application Deposit received by management ($ _____ given on _____) will be applied toward the Security Deposit, which must be paid in full before occupancy and may not be applied as rent; the first month's rent must also be paid before occupying an apartment. If I decide not to move in after this RENTAL APPLICATION has been accepted, I agree that the Holding Fee/Application Deposit will not be refunded. If I feel that my RENTAL APPLICATION has been unfairly denied, I understand that I have the right to call the Property Manager at (804) 648-5881 to request additional consideration. I understand that this is an application only, and I acquire no rights in any apartment until: 1) said application is approved, 2) I pay the required deposit, and 3) I sign a Lease Agreement. At that time, this application becomes part of the lease.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

It is our policy to rent to qualified persons regardless of race, color, religion, sex, national origin, handicap, familial status, or elderliness (VA only) in compliance with all federal, state, and local laws.

Approved: _____ Denied: _____ Processed By: _____ Date: _____

TOTAL RENT=
Base Rent ($_____) + Pet ($_____) + W/D ($_____) + Misc. Other ($_____) = $_____
(Total Monthly Recurring Charges)

	INITIAL MOVE-IN DEPOSITS AND FEES				PRORATED MOVE-IN CHARGES			Rent	Move In	Specials
	Credit Fee (zw)	Security Deposit	Pet Deposit	Fumigation Fee (19)	Base Rent (01) Pet (09)	Wash/Dry (22)	Other:	Free W/D	S/D Special	Other:
Total Charge:										
*Method of Payment:	*Note: Please note check with CK#, money order with MO#, or cash receipt#. If other form of payment, please note.									
Amount Paid:										
Date Paid:										
Date Processed/ Deposited										