



Thank you for considering Styron Square Apartments in your search for a new apartment home.

NAME OF APPLICANT _____

CONTACT NUMBER _____

NAME OF CO-APPLICANT _____

DATE OF APPLICATION _____

TYPE OF APARTMENT DESIRED _____

MOVE-IN DATE DESIRED _____

LEASE TERM DESIRED _____

HOW DID YOU HEAR ABOUT US? _____

APPLICATION FEE PAID \$30.00 NON-REFUNDABLE PAID BY _____
RECEIVED BY _____
DATE _____

PLEASE NOTE:

- ❖ An approved application does not guarantee availability of an apartment.
- ❖ A fee of \$300 is required to hold an apartment.
- ❖ This fee can be returned to you only if the application is not approved.
- ❖ Upon approval and a signed rental agreement, this holding fee shall be applied to the security deposit required by the rental agreement.



APPLICANT INFORMATION

(Each adult applicant must submit a separate application form unless legally married)

Applicant Name _____

Date of Birth _____ *First* _____ *Middle* _____ *Last* _____ SS# _____ DL# _____ State _____

Spouse's Name _____

Date of Birth _____ *First* _____ *Middle* _____ *Last* _____ SS# _____ DL# _____ State _____

Other Occupants (not to be on lease agreement):

	<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

RESIDENCY HISTORY

Present Street Address _____

City _____ State _____ Zip _____

Occupancy Dates: From _____ To _____ Rent/Mortgage _____ per _____

Name of Apartment Community _____

Name of Landlord _____ Landlord Phone: _____

Previous Street Address _____

City _____ State _____ Zip _____

Occupancy Dates: From _____ To _____ Rent/Mortgage _____ per _____

Name of Apartment Community _____

Name of Landlord _____ Landlord Phone: _____

CURRENT EMPLOYMENT INFORMATION

Applicant Employer _____ Employer Phone _____

Occupation _____ Gross Monthly Income _____

Spouse's Employer _____ Employer Phone _____

Occupation _____ Gross Monthly Income _____

AUTOMOBILE INFORMATION

Auto Make/Model _____ Year _____ Color _____ State/Tag# _____

Auto Make/Model _____ Year _____ Color _____ State/Tag# _____

If you own a recreational vehicle, please describe _____

EMERGENCY CONTACT (Contact person in case of personal emergency – someone not living with you)

Name _____ Relationship _____

Address _____

Street City State Zip
Work Phone () _____ Home Phone () _____ Cell Phone () _____

IMPORTANT TO APPLICANT

- 1) Are you a pet owner? _____ Type/Breed _____ Weight _____ Age _____
No animal is allowed on the premises without prior written consent from management.
- 2) Do you have renter's insurance? _____ Company _____
Please Note: Renter's Insurance is Required

3) Move-ins on the 25th of the month or later require payment of pro-rated rent as well as the next full month's rent on the date of move-in. Move-ins prior to the 25th of the month require payment of pro-rated rent only on the move-in date, the next full month's rent will be due and payable on the 1st of the next month.

4) **The lease effective date is final.** Any applicant failing to move-in on that date will still be held responsible for the entire amount of pro-rated rent.

SELECTION CRITERIA

Income: Income and employment will be verified on each applicant. Monthly income must meet the minimum requirements for the community for which the application is submitted.

Rental History: Two years of rental history will be verified on each applicant. Applicant's name must have been on the lease/mortgage for any reference to be valid. Rental references should reflect the applicant's ability and willingness to comply with lease terms as well as community policies and guidelines. Lack of rental history will not be considered a negative factor.

Credit: Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Credit history should positively reflect the applicant's ability and willingness to make payments as required by the lease. Lack of credit history will not be considered a negative factor.

Public Records/Criminal Background: A public records search will be conducted on each adult occupant. Any one or more of the following will result in automatic denial of the application:

- All felonies including convictions, probation, deferred adjudication, court-ordered intervention programs and pending cases.
- All misdemeanor convictions, probation, deferred adjudication, court-ordered intervention programs and pending cases for sexual misconduct.
- All misdemeanors including convictions, probation, deferred adjudication, court-ordered intervention programs and pending cases for the following types of misdemeanors: Illegal possession, manufacture, sale and/or distribution of a controlled substance; or, involving a physical crime against a person or persons and/or another person's property with less than seven (7) years time lapse since date of sentence completion.

Occupancy Standards: Occupancy limits, determined by the community, may not be exceeded.

- One bedroom apartment: up to two (2) persons
- Two bedroom apartment: up to four (4) persons
- Three bedroom apartment: up to six (6) persons

SIGNATURE OF ALL ADULTS TO APPEAR ON LEASE

I certify the information provided on this application is accurate to the best of my knowledge. I authorize inquiries to be made by all available means to verify the statements above. This would include, but not be limited to, Consumer Reporting Agencies, Public Records, Criminal background Check, current and previous rental references, employers and personal references.

**FALSIFICATION OF INFORMATION WILL RESULT IN AUTOMATIC DENIAL OF THE APPLICATION OR
TERMINATION OF THE RENTAL AGREEMENT.**

1. **Signature** _____ **Date** _____
Printed Name: _____
Phone _____ **Email** _____
2. **Signature** _____ **Date** _____
Printed Name: _____
Phone _____ **Email** _____



RENTAL VERIFICATION

The individual signed below has submitted an application to Styron Square Apartments. Please provide the following information requested and fax this form back to our office at:

(757) 596-4131

Thank you for your prompt response!

NAME OF APPLICANT(S) _____

I hereby authorize release of the information requested below for my rental address at:

Street City State Zip

Applicant Signature Date

Applicant Signature Date

Applicant(s), please do not write below this line. For office use only. Thank you.

TO BE COMPLETED BY LANDLORD

Dates of residency: Start _____ End _____

Amount of monthly rent: \$ _____ Has lease expired? ___ Yes ___ No

Number of late payments or NSF's _____

If four (4) or more, did they occur in the last twelve months? ___ Yes ___ No

Has the individual given proper notice? ___ Yes ___ No

Date: _____ Signature: _____

Printed name: _____ Title: _____



EMPLOYMENT VERIFICATION

The individual signed below has submitted an application to Styron Square Apartments. Please provide the following information requested and fax this form back to our office at:

(757) 596-4131

Thank you for your prompt response!

NAME OF APPLICANT _____

I hereby authorize release of the information requested below:

Applicant Signature

Date

Applicant(s), please do not write below this line. For office use only. Thank you.

TO BE COMPLETED BY EMPLOYER

Dates of employment: Start _____ Through _____

Salary: \$ _____ per _____ (year, month, week)

Is employment permanent? ☐ Yes ☐ No

Date: _____ Signature: _____

Printed name: _____ Title: _____

Department _____

Company _____

FOR OFFICE USE ONLY

Apt# Assigned _____ **Monthly Rent \$** _____ **Monthly Pet Fee \$** _____

Application Fee \$ _____ Date Pd. _____ Pet Dep. \$ _____ Date Pd. _____

Administration Fee \$ _____ Date Pd. _____ Pet Fee \$ _____ Date Pd. _____

Concession (if any) _____

Terms of concession _____

Additional Items Requested (i.e. furniture, etc.):

Item _____ \$ _____ (cost)

Item _____ \$ _____ (cost)

Item _____ \$ _____ (cost)

Item _____ \$ _____ (cost)

APPLICATION VERIFICATION CHECKLIST

Every applicant must provide a valid SS# AND driver's license or government issued photo ID.

☐ Driver's license or government issued photo ID viewed for confirmation.

If any applicant is not able to provide a valid SS#, that person is probably a non-US citizen. In this situation, there is four (4) other government issued ID cards (listed below) that can be used to confirm identity. There are no other acceptable forms of ID. (*Refer to "Leasing to non-US citizens" in Policies & Procedures Manual for additional information and instructions*).

☐ Form I-551 (Green Card) ☐ Form I-688 ☐ I-688A ☐ Form I-94

Confirmation by: _____ (Employee signature)

Community Standards & Requirements

Initial after completion. Attach documentation where required.

_____ Rental/Pet Reference Received

_____ Public Records/Criminal Report Received

_____ Credit Report Received

_____ Employment/Income Verification Received

Application Approved ☐ (Please check, if applicable)

Approval with Adverse Action (attach copy of adverse action letter)

☐ Approved with additional deposit of \$ _____

Approved by: _____

Date Applicant Notified: _____ Notified by: _____

Application Denied (Check, if applicable, and attach office copy of denial letter)

Reason(s) for Denial (Check all that apply)

☐ Unfavorable credit report

☐ Unfavorable rental reference

☐ Insufficient income

☐ Exceeds occupancy standards

☐ Inaccurate information submitted

☐ Other (specify) _____

How was Holding Fee returned? _____ By: _____

Holding Fee received by: _____ Date: _____

Notes: _____

Property Manager's Signature _____ Date: _____