



Date Accepted: _____ Date Needed: _____ Size: _____
 Marketing Source: _____
 App Fee: _____ Pd _____ Reservation Fee: _____ Pd _____
 Consultant: _____ Concession: _____

PHOTO ID and RECENT PAYSTUB REQUIRED WITH APPLICATION

NAME _____ Phone: Home _____ Cell _____

Marital Status: _____ Any Pets? _____ Type/Weight of Pet(s): _____

All persons to reside in apartment/townhome: *All occupants 18 yrs and older (during residency) must complete application and sign lease.*

Full Legal Name	Relationship to Applicant	Date of Birth	Sex	Social Security #
	Self			

Have you ever been charged with, pleaded guilty to, been convicted of, and/or do you have any record of any conviction involving harm to person or to property? _____ (If no answer is provided, it will be presumed your answer is "No".) **If yes, please explain** by indicating the date, nature of charge and/or conviction, and the location in which the act was committed, the charge and/or conviction was filed and rendered, and the sentencing issued as a result thereof. _____

Are you and all co-applicants citizens of the United States? _____ (If "No", please complete the Non-US Citizen Supplemental Application.)

RESIDENCE HISTORY (Please provide last 2 complete years)

PRESENT ADDRESS: _____ City _____ State _____ Zip _____

Community Name/Landlord/Mortgage Holder: _____ Phone: _____

Monthly Payment \$ _____ Length of Occupancy _____ yrs _____ mos Lease expires: _____

Reason for moving: _____

PREVIOUS ADDRESS _____ City _____ State _____ Zip _____

Community Name/Landlord/Mortgage Holder: _____ Phone: _____

Length of Occupancy _____ Reason for moving: _____

PREVIOUS ADDRESS: _____ City _____ State _____ Zip _____

Community Name/Landlord/Mortgage Holder: _____ Phone: _____

Length of Occupancy _____ Reason for moving: _____

Have you ever been evicted or do you have any unsatisfied landlord or mortgage collections, judgments, etc? _____

If yes, please provide details: _____

EMPLOYMENT (Please provide last 2 complete years)

CURRENT EMPLOYER: _____ Hire Date: _____

Emp. Address: _____ City _____ State _____ Phone: _____

Position: _____ Supervisor: _____ Salary: _____ hr / wk / mo / yr

PREVIOUS EMPLOYER: _____ Length of Employment _____

Emp. Address: _____ City _____ State _____ Phone: _____

PREVIOUS EMPLOYER: _____ Length of Employment _____

Emp. Address: _____ City _____ State _____ Phone: _____

SPOUSE EMPLOYED BY: _____ Hire Date: _____

Emp. Address: _____ City _____ State _____ Phone: _____

Position: _____ Supervisor: _____ Salary: _____ hr / wk / mo / yr

PREVIOUS EMPLOYER: _____ Length of Employment _____

Emp. Address: _____ City _____ State _____ Phone: _____

OTHER INCOME SOURCE: _____ Amount: _____

Banking & Credit Information

Checking Account* Savings Account* Trust* CD* Other* _____
 *Please provide current statement if income from this account is necessary to qualify.

Auto Loan with _____ Monthly Payment \$ _____
 Credit Reference _____ Monthly Payment \$ _____
 Credit Reference _____ Monthly Payment \$ _____
 Credit Reference _____ Monthly Payment \$ _____

Vehicle Information

Auto Make _____ Year _____ Color _____ Tag No. _____ State _____
 Auto Make _____ Year _____ Color _____ Tag No. _____ State _____

Emergency Information & Personal References

Emergency Contact _____ / _____
 (not living with you) Relationship Name Phone
 Address: _____ City _____ State _____

Personal Reference _____ Name _____ Phone _____
 Address _____

Personal Reference _____ Name _____ Phone _____
 Address _____

Cancellation Policy

An application fee is hereby made in the amount of \$35.00 per person. If this application is not approved or if I cancel in writing within 72 hours of acceptance, all monies less the \$35.00 fee per person will be returned, in accordance with the Virginia Residential Landlord and Tenant Act, Section 55-248.6:1. In all other cases, any monies paid will be forfeited to cover expenses and/or loss of rent incurred by Landlord for my failure to occupy the premises or cancel within 72 hours of application approval.

Applicant's Consent

I/We hereby authorize Owner or agent to investigate my/our past history and verify any and all information for the purpose of determining approval or denial of this application. This consent includes any history of residency, employment, credit and any other references Management deems necessary. I hereby certify and affirm that I have been authorized by my spouse to authorize and request Westgate Apartment Ltd. Partnership to investigate and obtain credit information for my spouse, for the purpose of determining approval or denial of this application. I/We certify that I/We are of legal age and the information provided on this application is true and correct to the best of my/our knowledge. I/We understand that any misrepresentation on this application, whether intentional or negligent or by simple oversight, shall be considered a material breach of the application and of any lease agreement entered into subsequent hereto, and I/We understand and acknowledge that the application may be rejected and/or the lease agreement may be terminated as a result of any such misrepresentation made herein. I/We understand that this application and all attachments become the property of Westgate Apartments Ltd Partnership and, if approved, become part of the lease agreement. I/We do hereby authorize Management Services Corporation to make oral and/or written disclosures of my/our Tenant records prior to, during, or subsequent to the Landlord-Tenant relationship to third parties who contact Management seeking verification of such information in the ordinary course of business for legitimate purposes as so determined by Management. I/We have read and understand the Resident Selection Criteria necessary to qualify to lease an apartment or town home at Westgate Apartments. I hereby authorize Westgate Apartments to request a copy of my Criminal History Record at any time during the application process or my residency at Westgate Apartments. Further, I understand and agree that I will reimburse Westgate Apartments for the exact cost of requesting the Criminal History Record check.

I/We require the installation of a smoke detector designed for use by the hearing impaired. _____ Yes _____ No

_____ Applicant's Signature _____ Date _____ Spouse's Signature _____

FOR OFFICE USE ONLY

Housing - Satisfies Criteria Neutral Does Not Satisfy Criteria Unverifiable Other
 Comments:

Employment - Satisfies Criteria Neutral Does Not Satisfy Criteria Unverifiable Other
 Comments:

Credit - Satisfies Criteria Neutral Does Not Satisfy Criteria Unverifiable Other
 Comments:

Rent _____ Individual Ratios: _____ / _____ / _____ Combined Ratios: _____ / _____ / _____

ID:				Comments	Manager	Date
Status	With Additional Deposit <input type="checkbox"/>	With Co-Signer <input type="checkbox"/>	With Co-Applicants <input type="checkbox"/>			
Approved						
<input type="checkbox"/> Denied						