VATN LLCPO Box 35, Afton, VA 22920
434-260-1040, 434-202-4800 fax Info@EmeraldSpring.com

RENTAL APPLICATION

Equal Housing Opportunity

Please fill out and send to us:

- Fill out application online: MyHomeFlyer.com
 or Fax: 434-202-4800
- ° or Scan and Email to: Info@EmeraldSpring.com
- ° or use a smartphone: Take a picture of each page and email them to us at full resolution

For a Faster Response: Fill out an online application at MyHomeFlyer.com

Address of place you want to rent:	(property address).			
Desired Move in Date	at a monthly rent of \$	and security deposit of \$		
PLEASE TELL US ABOUT YOURSEL	F			
Full Name		Home Phone ()	
Date of Birth	Social Securit	y #		
Mobil Phone ()	Email Address:			_(optional)
Your Driver's License Number	State			
Co-Applicant Name	N	James of Dependents_		
Co-Applicant Date of Birth	Social Securit	ty #		
Dependents Date of Birth				
List number and type of pets you want	to have in the rental property:_			
How did you find out about us? Sign [_] Newspaper [] Friend [_] Other []		
N FACE CIVIE DEGIDENTIAL INCREA	DY (I A CIT 2 VIE A DC)			
PLEASE GIVE RESIDENTIAL HISTO				
Current Address	Apt#_	City	State_	Zip
Month/Year Moved In	Reasons for Leaving		Rent \$_	
Owner/Agent		_Phone ()		
Previous Address (last 3 years)			Rent \$	
Owner/Agent		_Phone ()		
PLEASE DESCRIBE YOUR CREDIT H	IISTORY			
Have you declared bankruptcy in the past so Have you ever been evicted from a rental re		[] yes [] no [] yes [] no		
Have you level been evicted from a fental re Have you had two or more late rental paym		[] yes [] no		
Have you ever willfully or intentionally ref	used to pay rent when due?	[] yes [] no		
Been evicted? Been convicted of a crime?		[] yes [] no [] yes [] no		
		[] yes [] no		
PLEASE PROVIDE YOUR EMPLOYM Your Status:Full TimePart Ti		ploved		
Employer				
Dates employed				
Supervisor Name		_ Phone ()		
Salary \$per	(If employed by abo	ove less than 12 month	hs, give name & ph	one of previou
employer or school:				.)

us to consider it in this application. Amount \$ Source/Contact Name PLEASE LIST YOUR REFERENCES **Personal Reference or Emergency Contact:** Name ______ Address _____ Phone ______ Relationship_____ Driver's License: Your Driver's License Number_____ State All Vehicle that will be kept on the Property: Make / Model ______ Year _____License Plate State_____ Make / Model Year License Plate State Make / Model Year License Plate State ADDITIONAL INFORMATION: Do you or anyone that will be living in the home smoke? Do anyone you expect to visit frequently in the home smoke? [] yes [] no Please give any additional information that might help owner/management evaluate this application? Where may we reach you to discuss this application?)______ Night Phone # (Day Phone # (There is a Nonrefundable Rental Application fee of \$25.00 per applicant due at the time this form is submitted. Deposit can be hand delivered or mailed to: VATN LLC, PO Box 35, Afton, VA 22920 I hereby deposit \$_____ as earnest money to be refunded to me if this application is not accepted. Upon acceptance, this deposit shall be retained as part of the security deposit. If the application is not approved or accepted by the owner or agent, the deposit will be refunded, the application hereby waiving any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, and investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I certify that all the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application. I authorize verification of the information provided in this application from my credit sources, current and previous landlords and employers and personal references. Please sign: X____ Name of Applicant Date Name of Co-Applicant Date

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want