



Please fill out and fax to us:
888-331-3010 fax
Questions? Call (540) 942-3279

RENTAL APPLICATION
Equal Housing Opportunity

The undersigned hereby makes an application to rent: (property address).

Anticipated move date of at a monthly rent of \$ and security deposit of \$.

PLEASE TELL US ABOUT YOURSELF

Full Name Home Phone ()
Date of Birth Social Security #
Mobil Phone () Email Address: (optional)
Your Driver's License Number State
Co-Applicant Name Names of Dependents
Co-Applicant Date of Birth Social Security #
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 []

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

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 HISTORY

Have you declared bankruptcy in the past seven (7) years? [] yes [] no
Have you ever been evicted from a rental residence? [] yes [] no
Have you had two or more late rental payments in the past year? [] yes [] no
Have you ever willfully or intentionally refused to pay rent when due? [] yes [] no
Been evicted? [] yes [] no
Been convicted of a crime? [] yes [] no

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: Full Time Part Time Student Unemployed
Employer
Dates employed Employed as
Supervisor Name Phone ()
Salary \$ per. (If employed by above less than 12 months, give name & phone of previous employer or school:.)

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 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? [] yes [] no

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?

Day Phone # () _____ Night 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

Please sign: X _____
Name of Co-Applicant Date