

Brittany Commons Apts

residential rental application

We sincerely thank you for your application. Please help us promptly process this application by clearly completing all of the required information

Date of Application: _____

Type and Size of Unit Required: _____

Desired Occupancy Date _____

Leaseholder: _____

Leaseholder: _____

Guarantor: _____

APPLICANT'S PERSONAL INFORMATION

Full Name: _____

Home Telephone Number: _____

Date of Birth: _____

Driver's License #: _____

State: _____

Social Security #: _____

Employed By: _____

Position: _____

How Long? _____

Business Phone #: _____

Local or New Employment

Email: _____

Business Address: _____

Supervisor's Name: _____

Phone #: _____

Fax # _____

Annual Salary (including tips, bonuses, overtime): _____

Former Employment (most recent)

How Long? _____

Business Phone #: _____

Business Address: _____

Supervisor's Name: _____

Phone #: _____

Annual Salary (including tips, bonuses, overtime): _____

Other Sources of Income: _____ Amount: _____

(Including alimony, child support, etc. It is not necessary to disclose this income unless you wish to have the amount considered when application is approved)

SPOUSE'S PERSONAL INFORMATION

Full Name: _____
Home Telephone Number: _____ Date of Birth: _____
Driver's License #: _____ State: _____
Social Security #: _____
Employed By: _____ Position: _____
How Long? _____ Business Phone #: _____
Business Address: _____ **This is for Local or New Employment**
Supervisor's Name: _____ Phone #: _____
Annual Salary (including tips, bonuses, overtime): _____

Former Employment (most recent)
How Long? _____ Business Phone #: _____
Business Address: _____
Supervisor's Name: _____ Phone #: _____
Annual Salary (including tips, bonuses, overtime): _____
Other Sources of Income: _____ Amount: _____

(Including alimony, child support, etc. It is not necessary to disclose this income unless you wish to have the amount considered when application is approved)

RESIDENCE HISTORY (Minimum 2 Years)

Present Address: _____
Present Landlord's Name: _____ Phone # _____
Present Landlord's Address: _____
Length of Occupancy: _____ Present Monthly Rental \$: _____
Reason for Moving? _____
Previous Address: _____
Previous Landlord's Name: _____ Phone # _____
Previous Landlord's Address _____
Length of Occupancy: _____ Last Monthly Rental Amt. \$ _____
Reason for Moving? _____
Have you ever been sued by a Landlord? Yes _____ No _____
Reasons alleged in the suit(s) _____
Final outcome of the suit(s) _____

ADDITIONAL INFORMATION

Dependents or Other Occupants?

Name: _____ Relationship: _____ Age: _____
Employed full-time: part-time Unemployed:
Retired: Student:
Employed By: _____

Name: _____ Relationship: Age: _____
Employed full-time: part-time Unemployed:
Retired: Student:
Employed By: _____

Do you own any pets? _____ Weight _____ Type: _____
_____ Weight _____ Type: _____

Number of Automobiles: (Resident decals limited to 2 resident-owned/licensed vehicles per Apartment)

Make: _____ Year: _____ Tag # _____ State: _____
Make: _____ Year: _____ Tag # _____ State: _____

In Emergency, Please Notify: _____
Telephone: _____ Relationship: _____
Address: _____

AUTHORIZATION & CERTIFICATION

Application is hereby made to Rent Premises known as:

It is understood that the premises are to be used as a Residence to be occupied by no more than _____ persons.

List names of all residents: _____

A Deposit is herewith attached in the sum of _____ plus _____ for the nonrefundable application fee to be applied as my/our Facility Fee, with the understanding that if this application is approved and accepted by Horning Brothers, I/we agree to execute a written lease as prepared by the Lessor before possession is given and at which time the full amount of the first month's rent is to be paid; further, I/we understand that this application will be made an addendum to the Lease when executed.

In case of rejection, the Holding Deposit will be refunded without further obligation or liability to Horning Brothers. The law allows up to 45 days to refund deposits.

IF CANCELLATIONS ARE NOT RECEIVED WITHIN 48 HOURS OF THE DATE OF THE APPLICATION THE ENTIRE HOLDING DEPOSIT WILL BE FORFEITED.

Horning Brothers and it's owners, employees and agents are committed to providing its housing applicants and clients with disabilities an opportunity to avail themselves of housing opportunities, and consistent with the American's with Disabilities Act will make reasonable effort to accommodate such persons.

I/We authorize Horning Brothers and/or their agents to research my credit history as deemed necessary to approve this Application.

Mandatory Renter's Insurance Notification

1. Resident understands and agrees that Resident is legally liable for any fire, water, or other damage to the apartment community premises, including Resident's apartment and all common areas, caused by the negligence, misuse, carelessness or neglect of the Resident, Resident's family members, and/or Resident's Guests.
2. Resident agrees to purchase and maintain at Resident's sole expense a renter's insurance policy issued by a licensed insurance company of Resident's choice, with limits of at least \$300,000 in personal liability coverage and enough personal property coverage to cover the replacement value of Resident's property.
3. Resident agrees to waive rights of subrogation against Owner and Management Company.
4. Resident agrees to provide proof of insurance with the apartment community listed as a certificate holder, prior to move-in and upon signing any subsequent lease renewal.
5. Resident agrees to maintain the required insurance throughout the entire lease term.
6. Failure to comply with the terms of this lease clause is considered a material breach of your lease agreement and entitles Owner to pursue all rights and remedies available to it under the law, including eviction.

I/We certify that the information in this application is correct and I/We have read and fully understand the terms and conditions of this Application.

Applicant's Signature Date Signed

Applicant's Signature Date Signed

REQUEST FOR APPLICANT VERIFICATION FOR:

To Whom It May Concern:

applicant name

applicant name

The person named below and whose authorization signature appears below has applied for an apartment at Brittany Commons Apartments. The information requested below is for the purpose of determining eligibility and will be kept in strict confidence. Questions can be answered at 540-891-2990.

Thank you for your timely assistance. Please return by fax to 540-891-9443.

I authorize you to release any necessary information with regards to the inquiry made below:

Applicant Signature Date

Applicant Signature Date

RENTAL VERIFICATION:

Landlord: _____
Phone # _____
Fax #: _____

Leaseholder: _____
Address: _____
Address: _____
Apt # _____

1. Was Resident a Leaseholder as stated above?
2. Dates of Occupancy: From: _____ To: _____
3. Monthly Rent Paid: _____
4. Number of times rent paid late in final 12 month period? _____ Late Fees? _____
5. Number of NSF checks in final 12 month period? _____ Late Fees Paid? _____
6. Was legal action ever taken against the resident(s)? _____
7. Were there any complaints or lease violations? _____

Verified by: _____
Name Signature Title

EMPLOYMENT VERIFICATION

Employer: _____ Phone #: _____
HR Contact: _____ Fax #: _____

Place of Employment/Branch Location: _____
Hire Date: _____
Occupation: _____
Annual Salary: _____
Bonus or Overtime Expected: _____

Verified by: _____
Name Signature Title



CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION

Horning Brothers Inc. requires a criminal background check and sex offender registration status report on all adult household members applying for housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Brittany Commons will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years?
 yes no
2. Do you currently use illegal drugs or abuse alcohol? yes no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? yes no
4. Have you been convicted of any drug-related crime within the past five years?
 yes no
5. Have you been convicted of any felony within the past five years? yes no
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?
 yes no
7. Have you been convicted of any crime involving violence within the past five years?
 yes no
8. Are you currently charged with any of the above criminal activities? yes no

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Brittany Commons to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Brittany Commons, to a public housing authority, or to an agency contracted by Brittany Commons to conduct criminal background checks.

APPLICANT'S SIGNATURE _____ DATE: _____

APPLICANT'S NAME (Please Print) _____