

Rental Application: Equal Housing Opportunity
Please complete all information requested below. Incomplete information will delay the processing of your application. PLEASE PRINT CLEARLY

	F	or Official	Use Only		
Property: 2929 Hudson S		PAYABL			
Application Fee: □ \$3	0.00 ■ None		shane.kunkle@gmail.c	com	
			Phone: 540.230.1324		
Applicant Information ☐ Mr. ☐ Mrs. ☐ Ms					
LI IVII. LI IVII 5. LI IVIS)				
 First Name		Last Nam	Δ	Middle Initial	
Driver's License #		State Issu	ied		
Date of Birth		Social Se	curity #		
Martial Status		Email			
Current Address					
Street				Apt. Number	
City		State		Zip	
Home Phone		Mobile/Ot	her Number		
Rent or Own	Current Monthly Payment		If rent, apartment name	How long have you lived here?	
			If own, mortgage company	,	
Employment					
Current Employer		Superviso	or's Name	Supervisor's Phone	
Address	City	State	Zip	Work Phone	
Your Position/Title	Time worked here?	Gross Mon	thly Income Addition	al Income – child support, alimony, or other	
				ance income you want included for qualification	
Pets □ Yes □ No	(All pets subject to approval: before occupa	ncy or anytime at	ter moving into your apartment home; a	nddendum to lease agreement required)	
What kind?	Weight		Breed	Age	
What kind?	Weight		Breed	Age	
Criminal History (Your	epresent the answer is no by leaving ar	ny of the check	boxes in this section blank)		
Have you ever been convict	ed or pled guilty to a misdemeanor	involvina viol	anca savual miscanduct or ha	nesty?	
	ed or pled guilty to any felony?			illesty: Lifes Life	
	or asked to move out?	□ No			
Have you ever declared bar	nkruptcy? ☐ Yes ☐ No se or rental agreement? ☐ Yes	□ No			
	or nonpayment?				



Have you ever	been sued for damage to rental property? had a recorded lien, garnishment or judgme the above, please indicate year, location an	nt? □ Yes □	□ No			
Other Occu	pants (list names of all persons under 18 who	will occupy the unit.	All occupants over 18	must complete a separate a	application)	
First Name	Last Name	Relationsh	nip	Date of Birth	Social Security #	
First Name	Last Name	Relationsh	nip	Date of Birth	Social Security #	
First Name	Last Name	Relationsh	nip	Date of Birth	Social Security #	
Emergency	Information (Emergency contact person or	er 18 not living with	you.)			
First Name	Last Name	ame Middle Initial		Relationship to you		
Street	Apt	#				
City	Sta	te		Zip		
Home Phone	Oth	Other Phone		Email		
Other Information Do you own a v						
Rental Histo	Ory (list three previous places of residence)					
Dates	Name of appt and manager		Address		Managers Phone Number	
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Vehicle Info	rmation (list all vehicles to be parked by	you)				
Year	Make/Model of Vehicle	Color	License	#	State	
Year	Make/Model of Vehicle	Color	License	#	State	



Authorization/Acknowledgement This application is made for the purpose of procuring rental of premises and for credit clearance.

By signing this application, you declare that all your statements in this application are true and complete. You authorize us to verify this information through any means, including consumer reporting agencies and other rental housing owners. If you fail to answer any question or give false information, we may reject your application, retain all application fees and deposits as liquidated damages for its time and expense, and terminate your right of occupancy. We reserve the right to unilaterally deny this application should there be any change or new information available regarding employment, compensation or any other significant item provided or requested herein between the time of the acceptance of this application by management and the move-in date; and/or if this application is not accepted by management within seven (7) days from the date of this application, said amount shall be refunded in either case.

Applicant(s) has read and understands the above statement and to the best of his/her knowledge states that all facts are true and correct. Any applicable application fees must be paid prior to processing of the application and are non-refundable. Applicant agrees that Management shall not be liable for any delay in the date said apartment unit is ready for occupancy. First month rent and security deposit, must be paid by cashiers check or money order prior to move in.

If the applicant finds it necessary to cancel a move-in, the Application Deposit will be refunded provided the cancellation takes place within twenty-four (24) hours after submitting an application, regardless of approval status. Application fee is nonrefundable.

APPLICATION APPROVAL PROCESS - The approval process will begin when we have received completed applications from all applicants and occupants. The three outcomes from the approval process are accepted, conditional acceptance, or denied. Additional information and or deposits may be required if a conditional acceptance is recommended.

We do not discriminate on the basis of race, color, religion, sex, national origin, handicap, or familial status. The undersigned applicant(s) and cosigner(s) hereby consent to allow Joseph Shane and Tammy Kunkle, itself or through its designated agents and its employees, to obtain a consumer report and criminal record information, if applicable, on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment to me. We also agree and understand that owner and its agents and employees may obtain additional consumer reports and criminal record reports, if applicable, on each of us in the future to update or review our account. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

I have read and understand the Rental Apthis application are true and complete.	pplication Acknowledgement stated above. By sign	ing this application, you declare that all yo	ur statements in
Applicant Full Name (printed)	Applicant Signature	Date	