

Office Use Only

Apartment Assigned: _____ Move-In Date: _____ Key Tag _____ Pro-Rated Rent \$ _____
Monthly Rent Amount: \$ _____ Sec. Deposit Pd.: \$ _____ Lease Expiration: _____ Parking #1 _____
Processed By: _____ Approved by(Manager Only)/Date: _____ / _____ Parking #2 _____

APARTMENT RENTAL APPLICATION
King's Landing Apartments
1000 Litton Lane
Suffolk, Virginia 23434
Toll Free Telephone: 1-877-883-0784

King's Landing Apartments does not discriminate against any prospective resident or employee because of their race, creed, age, religion, sex, familial status, or disability. TO PROCESS APPLICATION, ALL LINES MUST BE COMPLETED/ **NO WHITE OUT TO BE USED**
Any misrepresented, misleading, incorrect or untrue statement discovered at any time will result in application rejection or lease termination.

Application Fee: \$32 per Married Couple or per Each Single Person

Security Deposit: Is based on credit worthiness/not to exceed the equivalent of two months rent but not less than \$300

Apartment Desired (Circle): 1 Bedroom 2 Bedroom Floor Level _____ Date Desired: _____

First Name _____ Middle Name _____ Last Name _____, _____

(Jr. Sr, etc.)

S.S.# _____ - _____ - _____ Date of Birth _____ / _____ / _____

Present Address _____

City, State, and Zip _____ E-mail Address _____

Automobile Make _____ Model _____ Color _____ Vehicle Tag Number and State _____

Home Phone _____ Work Phone _____ Cell Phone _____

Own or Rent? _____. Current Monthly Rent: \$ _____ Rental Agent Phone No. _____

If renting, Management Company/Apartment Complex _____

Previous Address _____ Years at Address _____

Name of Rental Agent _____ Rental Agent Phone No. _____

List all States lived in since age of 18 _____

Place of Employment _____

Employment Address _____

City, State, and Zip _____

Title or Pay Grade _____ Length of Employment _____ Years.

Gross Monthly Income \$ _____ (Income before taxes and other deductions)

Supervisor _____ Supervisor Phone _____

If unemployed, do you anticipate becoming employed within the next twelve months? No ___ Yes ___

Emergency Contact (Nearest Relative):

Name _____ Relationship _____ Phone _____

Address _____

FOR ALL APPLICANTS: Monthly Payments and Balances for the Following:

Obligation Type	Monthly Payment	Balance	Name	Acct. No.
Alimony	\$ _____	\$ _____	_____	_____
Child Support	\$ _____	\$ _____	_____	_____

Household Eligibility

Other Sources of Income or Anticipated Income from Assets:

Income Source	Monthly Income	Book/Face Value or Balance
Stock/Bond Dividends	\$ _____	\$ _____
Interest Income (All Sources)	\$ _____	\$ _____
Pension _____	\$ _____	\$ _____
Checking Acct _____	Yes ___ No ___	Acct Number _____ Balance \$ _____
Savings Acct _____	Yes ___ No ___	Acct Number _____ Balance \$ _____
Social Security and/or SSI	\$ _____	
Alimony	\$ _____	
Child Support	\$ _____	
AFDC/Government Assistance	\$ _____	
Unemployment Compensation	\$ _____	

List value of all Assets, including Stocks, Bonds, Trusts, Pensions Contributions, IRA's, Keogh Accounts and Certificates of Deposits:
\$ _____. Did you have any assets in the last 2 years not listed above? No ___ Yes _____. If yes, did you dispose of the assets for less than fair market value? \$ _____ If yes, list asset, market value at time of disposition, amount received and date disposed. _____

Do you own a home or other real estate? No ___ Yes _____.
Are all members of your household full-time students? No ___ Yes _____.
Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? No ___ Yes _____. If yes, who and give reason and length of time: _____
Does any member of your household work for an organization that pays them in cash? ___ No ___ Yes
Have you or any member of your household been convicted of any felonies or misdemeanors (other than routine traffic offenses)? ___ No ___ Yes.
If yes, who and details of conviction: _____

I hereby certify that I am _____ am not _____ entitled to child support payments from any person or agency for the children listed below. Indicate Amount Entitled To: \$ _____, Source: _____.

Indicate actual amount received if more than amount entitled to: \$ _____. If I am not entitled to support the reason is: _____.

Children (Under 18):

Name _____ Birth date ____/____/____ Sex _____ Social Security # _____
Name _____ Birth date ____/____/____ Sex _____ Social Security # _____
Name _____ Birth date ____/____/____ Sex _____ Social Security # _____

All Signatories to this application understand and agree to the following:

1. I hereby authorize King’s Landing Apartments to obtain consumer reports, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. I hereby expressly release King’s Landing Apartments, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and are aware that false statements may result in rejection of your lease or lease agreement termination at a later date and are punishable under Federal law.
2. Rents are promptly due on the 1st of each month. Rents paid after the fifth will incur a late charge. Two late payments constitute grounds for automatic eviction under Virginia law.
3. **Pets, other than small birds and fish, are not allowed for any reason.** Any resident introducing a pet into their apartment will pay a pet assessment charge of \$200 and their lease will be terminated.
4. **Proof of renter’s insurance with a minimum of \$100,000.00 General Liability is required prior to occupancy, naming King’s Landing Apartments as additional certificate holder. Refer to the Resident Guide for additional requirements.**
5. Subletting is never permitted. Only those residents who have specifically executed a lease agreement with **King’s Landing Apartments** are permitted occupancy. Residency by others is grounds for immediate termination of the lease agreement and forfeiture of security deposit.
6. All apartments are to be kept clean, safe and quiet. Management reserves the right with prior notice to make an inspection of any apartment.
7. **The holding fee submitted with this application will reserve your apartment for occupancy on the move-in date. At that time, the holding fee will be applied as the Security Deposit. Applicant(s) may cancel this application within seventy-two hours of application submittal without penalty for full return of the holding fee. Upon approval of this application and after the initial seventy-two hour grace period, applicant(s) are irrevocably bound to the full term of the lease. Should the applicant(s) elect to cancel or fail to move-in after the seventy-two hour grace period, the applicant(s) shall continue to be responsible for the rental payments during the term of the lease or until the apartment is re-rented. Similarly, applicant(s) shall also be responsible for reimbursement of all marketing costs until the apartment is otherwise assigned or re-rented to another applicant(s).**
8. Recreational and commercial vehicles are prohibited on the premises; motorcycles are allowed by conditional permit only.
9. The application fee of \$32.00 per Married Couple or per each Single Person is non-refundable and shall be paid by cash, credit/debit card or money order payable to: **King’s Landing Apartments.**
10. This application along with all supporting documentation will expire ninety (90) days from the date this application is signed. If you are on a waiting list, we will re-verify all information provided at no additional charge to applicant.

How did you hear about **King’s Landing Apartments**? _____

GOVERNMENT DATA COLLECTION AND DISSEMINATION PRACTICES ACT

As provided by the Government Data Collection and Dissemination Practices Act anyone who is requested to provide personal information about himself must be informed whether he is legally required to provide such information, or whether he may refuse to supply the information requested. As an applicant for housing financed by the Virginia Housing Development Authority, you are requested to provide certain information that will enable **King’s Landing Apartments** to complete a “Tenant Income Certification.”

The information requested will be used to determine an adjusted annual income which you and your family receive from all income sources. This is necessary because the Rules and Regulations adopted pursuant to the Authority conferred on the Virginia Housing Development Authority limit eligibility for initial occupancy to families whose adjusted income does not exceed certain established limits. In addition, it is necessary to know the composition of your family (number of dependents) so that the proper size of dwelling unit may be authorized for you and your family.

Although you are not legally required to provide the information requested, your failure to do so will result in our inability to determine your eligibility for housing in this development.

Copies of the completed “Tenant Income Certification” are sent by this management agent/owner to the Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, VA 23220. It is possible that information provided by you will be revealed to others for the purpose of confirmation or for other purposes in accordance with the Virginia Freedom of Information Act, but any information so supplied is subject to the safeguards of the Government Data Collection and Dissemination Practices Act.

I, the undersigned Applicant, do hereby swear (or affirm) that the information supplied herein is true and complete, to the best of my knowledge and belief.

Final approval of this application requires proof of identity that includes Social Security card and a valid form of picture identification.

Applicant Signature _____ Date _____