

# RENTAL APPLICATION

# (APPLICANT)

Kosmo Village • 11197 Washington Highway • Glen Allen, VA 23059 • (804) 798-6689

**PLEASE USE BLUE OR BLACK INK. WRITE CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

## APPLICANT INFORMATION

**\*PHOTO ID REQUIRED AT TIME OF APPLICATION\***

|                                        |                        |            |
|----------------------------------------|------------------------|------------|
| First Name:                            | Middle Initial:        | Last Name: |
| Date of birth:                         | SSN:                   | Phone:     |
| Current address:                       |                        |            |
| City:                                  | State:                 | ZIP Code:  |
| Own    Rent    (Please circle)         | Monthly rent/mortgage: | How long?  |
| Current Landlord Name (if applicable)  |                        | Phone:     |
| Previous address:                      |                        |            |
| City:                                  | State:                 | ZIP Code:  |
| Owned    Rented    (Please circle)     | Monthly rent/mortgage: | How long?  |
| Previous Landlord Name (if applicable) |                        | Phone:     |

## EMPLOYMENT INFORMATION

|                    |                                           |                       |           |
|--------------------|-------------------------------------------|-----------------------|-----------|
| Current employer:  |                                           |                       |           |
| Employer address:  |                                           |                       | How long? |
| City:              | State:                                    | ZIP Code:             |           |
| Phone:             | Full Time    Part Time    (Please circle) | # of Part Time Hours: |           |
| Position:          | Hourly    Salary    (Please circle)       | Monthly income:       |           |
| Previous employer: |                                           |                       |           |
| Employer address:  |                                           |                       | How long? |
| City:              | State:                                    | ZIP Code:             |           |
| Phone:             | Full Time    Part Time    (Please circle) | # of Part Time Hours: |           |
| Position:          | Hourly    Salary    (Please circle)       | Monthly income:       |           |

## OTHER SOURCES OF INCOME

|              |                   |
|--------------|-------------------|
| Description: | Amount per month: |
| Description: | Amount per month: |
| Description: | Amount per month: |

## CRIMINAL HISTORY INFORMATION

|                                                                |                  |                 |
|----------------------------------------------------------------|------------------|-----------------|
| <b>Have you ever been convicted of a felony?</b>               | _____ <b>Yes</b> | _____ <b>No</b> |
| If yes, in what year?                                          | County/City:     | State:          |
| <b>Have you ever been convicted of a drug related offense?</b> | _____ <b>Yes</b> | _____ <b>No</b> |
| If yes, in what year?                                          | County/City:     | State:          |

## PERSONAL REFERENCES

|       |          |               |        |
|-------|----------|---------------|--------|
| Name: | Address: | Relationship: | Phone: |
| 1.    |          |               |        |

|                                                                                                                                                                                                                                                                     |              |                                                                      |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 2.                                                                                                                                                                                                                                                                  |              |                                                                      |                                                                                               |
| 3.                                                                                                                                                                                                                                                                  |              |                                                                      |                                                                                               |
| <b>CREDIT REFERENCES</b>                                                                                                                                                                                                                                            |              |                                                                      |                                                                                               |
| Name:                                                                                                                                                                                                                                                               | Amount Owed: | Monthly Payment:                                                     |                                                                                               |
| Name:                                                                                                                                                                                                                                                               | Amount Owed: | Monthly Payment:                                                     |                                                                                               |
| Name:                                                                                                                                                                                                                                                               | Amount Owed: | Monthly Payment:                                                     |                                                                                               |
| <b>MOBILE HOME INFORMATION</b>                                                                                                                                                                                                                                      |              |                                                                      |                                                                                               |
| Purchasing From:                                                                                                                                                                                                                                                    |              | Address:                                                             |                                                                                               |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                          |              |                                                                      |                                                                                               |
| Make/Model:                                                                                                                                                                                                                                                         | Year:        | License                                                              |                                                                                               |
| Make/Model:                                                                                                                                                                                                                                                         | Year:        | License                                                              |                                                                                               |
| <b>INDIVIDUALS WHO WILL BE LIVING IN THE MOBILE HOME</b>                                                                                                                                                                                                            |              |                                                                      |                                                                                               |
| Full Name:                                                                                                                                                                                                                                                          |              | Age:                                                                 | Sex:                                                                                          |
| Full Name:                                                                                                                                                                                                                                                          |              | Age:                                                                 | Sex:                                                                                          |
| Full Name:                                                                                                                                                                                                                                                          |              | Age:                                                                 | Sex:                                                                                          |
| Full Name:                                                                                                                                                                                                                                                          |              | Age:                                                                 | Sex:                                                                                          |
| Full Name:                                                                                                                                                                                                                                                          |              | Age:                                                                 | Sex:                                                                                          |
| Full Name:                                                                                                                                                                                                                                                          |              | Age:                                                                 | Sex:                                                                                          |
| <b>PET INFORMATION</b>                                                                                                                                                                                                                                              |              |                                                                      |                                                                                               |
| <input type="checkbox"/> Dog <input type="checkbox"/> Cat                                                                                                                                                                                                           | Breed:       | <input type="checkbox"/> <20 lbs<br><input type="checkbox"/> >20 lbs | <input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Neu./Spayed |
| <input type="checkbox"/> Dog <input type="checkbox"/> Cat                                                                                                                                                                                                           | Breed:       | <input type="checkbox"/> <20 lbs<br><input type="checkbox"/> >20 lbs | <input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Neu./Spayed |
| <input type="checkbox"/> Dog <input type="checkbox"/> Cat                                                                                                                                                                                                           | Breed:       | <input type="checkbox"/> <20 lbs<br><input type="checkbox"/> >20 lbs | <input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Neu./Spayed |
| <b>EMERGENCY CONTACT INFORMATION</b>                                                                                                                                                                                                                                |              |                                                                      |                                                                                               |
| Name of Person Not Residing With You:                                                                                                                                                                                                                               |              |                                                                      |                                                                                               |
| Address:                                                                                                                                                                                                                                                            |              | Phone:                                                               |                                                                                               |
| City, State & ZIP Code                                                                                                                                                                                                                                              |              | Relationship:                                                        |                                                                                               |
| Applicants represent that all of the above statements are true and hereby authorize verification of above information, references, consumer reports, and background checks. An application fee of <u> \$25 </u> per adult is forfeited upon receipt of application. |              |                                                                      |                                                                                               |
| Signature of applicant:                                                                                                                                                                                                                                             |              |                                                                      | Date:                                                                                         |

**APPLICATION CRITERIA:** (1) Employment wages can be counted as income as long as the employment can be verified by the applicant's supervisor or personnel department. (2) If an applicant is self-employed, proof of income must be shown by means of prior tax forms or accountant records. (3) Other sources of income that can be counted towards income include: child support (court ordered documentation), social security, interest or dividend income, and pension income. (4) Applicants must not have charge offs due to bad debt on credit history. (5) Applicants may be denied based on chronic late payments indicated on credit history. (6) No negative rental or employment information will be allowed. Current and prior rental history will be checked. If any prior evictions appear on the check, the application will not be accepted. (7) Co-signer(s) must meet credit requirements based on the same policies applied to regular applicants. (8) In a roommate evaluation, 100% of the income is combined to qualify and all parties must meet credit requirements based on the same policies applied to regular applicants. (9) In a spouse evaluation, 100% of the income is combined to qualify. (10) All applicants, 18 years or older must pay the required application fee. The application fee is \$25 for each application. (12) Occupancy standards are as follows: (a) 1 br – not to exceed two (2) occupants. (b) 2 br – not to exceed four (4) occupants. (c) 3 br – not to exceed six (6) occupants. (11) Individuals with felony or drug-related convictions and those who are listed on any state or national sex offender registry may not be considered. **THIS INFORMATION IS SUBJECT TO CHANGE AT OWNER'S DISCRETION.**