

Hyde Park Townhomes  
4223 Hyde Park Drive  
Chester, VA 23831

**Office Use Only:**

Date: \_\_\_\_\_

Agent: \_\_\_\_\_

Unit: \_\_\_\_\_

Rent: \_\_\_\_\_

## Residential Rental Application

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

### PLEASE TELL US ABOUT YOURSELF

Applicant \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_ Driver's License # & State \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_ Driver's License # & State \_\_\_\_\_

Names of All Other Occupants	Relationship to Applicant(s)	Date of Birth

Do You Have a Pet? Yes No If Yes, What Kind? \_\_\_\_\_ Weight \_\_\_\_\_

### PLEASE GIVE US YOUR RESIDENCE HISTORY FOR THE PAST 2 YEARS

Current Address \_\_\_\_\_ Landlord Name/Phone \_\_\_\_\_

Month/Year Moved In \_\_\_\_\_ Do you: Own Rent (Monthly Amt \_\_\_\_\_)  
Other \_\_\_\_\_

Co-Applicant Address \_\_\_\_\_ Landlord Name/Phone \_\_\_\_\_

Month/Year Moved In \_\_\_\_\_ Do you: Own Rent (Monthly Amt \_\_\_\_\_)  
Other \_\_\_\_\_

Previous Address (Applicant/Co-Applicant) \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Landlord Name/Phone \_\_\_\_\_ Month/Year - Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_

### PLEASE GIVE US YOUR INCOME INFORMATION

Employment/Income	Applicant	Co-Applicant
Position		
Employer		
Business Address		
Business Telephone #		
Avg. Weekly Earnings		
Length of Employment		
Source of Other Income		
Previous Employer		
Business Phone		
Length of Employment		
Avg. Weekly Earnings		

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**PLEASE ANSWER THE FOLLOWING OTHER QUESTIONS**

Applicant's Vehicle - Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License \_\_\_\_\_

Co-Applicant's Vehicle - Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License \_\_\_\_\_

Do you have renter's insurance? YES NO (Although not required, we strongly recommend that renter's insurance be obtained before move-in. It can be obtained inexpensively from your insurance agent.)

**PLEASE GIVE US EMERGENCY CONTACT INFORMATION**

In the event of an emergency, I/We hereby authorize the following person(s) to be contacted or to have access to my/our apartment:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**PLEASE ACKNOWLEDGE OUR APPLICATION POLICY**

I/We hereby acknowledge and understand that the application fee is non-refundable. An initial deposit is required to reserve an apartment. Once an application is approved and an apartment reserved, no deposit or other monies will be refunded. In the event the application is denied, the deposit will be refunded to the applicant less the non-refundable application fee(s). By signing the application below, you acknowledge that you have read and understand this application policy.

**PLEASE GIVE US AUTHORIZATION TO PROCESS YOUR APPLICATION**

*PLEASE READ CAREFULLY BEFORE SIGNING*

In considering this application from you, Management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warranty the accuracy of the information. You authorize Staples Mill Townhomes to obtain a consumer credit report and make credit, employment, and rental inquiries for the purpose of approving this application and relieve them from any claims or liability which may result from such inquiries. I/We understand that this application will be denied if any of the above information is found to be false.

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant

\_\_\_\_\_

Date

**PLEASE REFER A FRIEND**

Do you know of anybody else looking for an apartment? Please provide their name, address and phone number, and you may qualify for our resident referral program.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_