

us residential

Passionate people. Exceptional experiences.

REQUESTED BEDROOM SIZE: _____

FILL OUT COMPLETELY
DATE & TIME RECEIVED:

AFFORDABLE RENTAL APPLICATION

COMPLEX
Village At The Arbors
5613 Crenshaw Rd
Richmond, VA 23227

LAST NAME OF APPLICANT		FIRST		INITIAL		DAY PHONE	
STREET ADDRESS		CITY		STATE		ZIP	
DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		MESSAGE PHONE	
LAST NAME OF CO-APPLICANT		FIRST		INITIAL		DAY PHONE	
DAY OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.			
RACE/ETHNICITY CODES		<input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER ETHNICITY				CHECK ONE <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> HISPANIC	
PETS		DO YOU HAVE ANY PETS? (INCLUDE BIRDS, FISH, ETC.) <input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, WHAT KIND?				APARTMENT TO BE OCCUPIED BY # _____ PERSONS _____	
OCCUPANTS		LIST PERSONS WHO WILL OCCUPY APARTMENT - LIST YOURSELF & YOUR CO-APPLICANT.					IF MORE THAN 8 USE ADDITIONAL INFORMATION
NAME		BIRTH DATE	SEX (OPTIONAL)	STUDENT	SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT	
1			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
4			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
5			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCOME SOURCES		LIST SOURCES OF INCOME FOR ALL FAMILY MEMBERS 18 YEARS OR OLDER.					
Employment \$ _____ /per _____		AFDC/TANF \$ _____ /per _____		Pension \$ _____ /per _____		Other (Type) _____	
Social security \$ _____ /per _____		General Relief \$ _____ /per _____		Alimony/Child Support \$ _____ /per _____			
SSI \$ _____ /per _____		Unemployment \$ _____ /per _____		Disability \$ _____ /per _____		\$ _____ /per _____	
ASSET/BANK ACCOUNTS		CHECKING <input type="checkbox"/> YES <input type="checkbox"/> NO		SAVINGS <input type="checkbox"/> YES <input type="checkbox"/> NO		STOCKS/BONDS <input type="checkbox"/> YES <input type="checkbox"/> NO	
						REAL ESTATE/PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESENT EMPLOYER		NAME		TELEPHONE		SALARY	
						DATE OF EMPLOYMENT FROM:	
ADDRESS							
PRESENT LANDLORD		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		NAME		TELEPHONE	
						MONTHLY PAYMENT	
ADDRESS						DATE OF RESIDENCE FROM:	
						TO:	
PREVIOUS LANDLORD		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		NAME		TELEPHONE	
						MONTHLY PAYMENT	
ADDRESS						DATE OF RESIDENCE FROM:	
						TO:	
PREVIOUS LANDLORD		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		NAME		TELEPHONE	
						MONTHLY PAYMENT	
ADDRESS						DATE OF RESIDENCE FROM:	
						TO:	
OUT OF STATE RESIDENTIAL HISTORY		HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD 18 YEARS OF AGE OR OLDER EVER RESIDED IN ANOTHER STATE? IF SO, PLEASE COMPLETE THE FOLLOWING: SHOULD YOU NEED ADDITIONAL SPACE PLEASE USE A SEPARATE SHEET OF PAPER.					
NAME OF HOUSEHOLD MEMBER						DATES OF RESIDENCY	
OUT OF STATE ADDRESS		CITY		STATE		ZIP	

TO BE PROCESSED, THIS APPLICATION MUST BE FILLED OUT COMPLETELY ON BOTH SIDES AND SIGNED.