



Allegheny Partners, LLC does business in accordance with the Fair Housing Amendments Act of 1988 and the Virginia Fair Housing Law, which specifies that it is illegal to discriminate against any person in residential real estate transactions because of race, color, sex, religion, physical or mental handicap, familial status, age or national origin. All lease signers must be at least 18 years of age or older.

RESERVATION FEE

An application fee of \$35.00 is required to process all applications. This fee is non-refundable. To reserve a unit a deposit of \$_____ is required. Upon acceptance of the application this deposit shall serve as the total SECURITY DEPOSIT. Please write checks separately.

SECURITY DEPOSIT

A security deposit, which is equivalent to one month's rent, is required before residency. In the event your application is not approved, any security deposit you have paid will be refunded. If your application is approved, the security deposit will be held until you vacate the premises. At that time, your security deposit, in addition with any interest due will be refunded in compliance with the terms of your lease and applicable Virginia statutes.

QUALIFICATION RESTRICTIONS

Applicants for rental of a dwelling unit are subject to approval as follows:

Income: The total gross monthly income(s) of the applicant(s) must equal or exceed an amount equal to 3 times the monthly rental for that particular dwelling unit. Co-applicant's are accepted; however the gross monthly income of the co-applicant must equal or exceed five (5) times the monthly rental for that particular dwelling.

Credit: CREDIT INFORMATION ON EACH APPLICANT WILL BE OBTAINED THROUGH A NATIONAL CREDIT-REPORTING AGENCY. CREDIT HISTORY SHOULD POSITIVELY REFLECT THE APPLICANT'S ABILITY AND WILLINGNESS TO MAKE PAYMENTS AS REQUIRED BY THE LEASE.

Rental Record: A satisfactory reference from previous landlord, i.e., compliance with the requirements of the lease as to payment of rent and observance of other obligations of the tenant specified therein.

LEASE, RULES AND REGULATIONS

All applicants must sign a lease and related rules and regulations before occupancy. We expect full compliance with these documents by all residents. Copies of these may be obtained from the rental staff for your preview.

PRINT NAME

PRINT NAME

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT



ALLEGHENY PARTNERS

DATE OF APPLICATION _____
 APT DESIRED _____
 DATE DESIRED _____
 RENT AMOUNT \$ _____/month
 LEASE TERM: _____ months

A FEE OF \$_____ IS ACCEPTED AS A RESERVATION DEPOSIT. THIS DEPOSIT CAN BE RETURNED TO YOU ONLY IF THE APPLICATION IS NOT APPROVED. UPON APPROVAL AND A SIGNED LEASE, THIS RESERVATION DEPOSIT SHALL BECOME A PORTION OF THE SECURITY DEPOSIT REQUIRED UNDER THE LEASE.

As provided by the Government Data Collection and Dissemination Practices Act, anyone who is requested to provide personal information about himself/herself must be informed whether he/she is legally required to provide such information, or whether he/she may refuse to supply the information requested. 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 our development.

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 Virginia Privacy Protection Act.

NAME(S):

1. _____
 LAST FIRST MIDDLE INITIAL DATE OF BIRTH SOCIAL SECURITY NO.

2. _____
 LAST FIRST MIDDLE INITIAL DATE OF BIRTH SOCIAL SECURITY NO.

CURRENT ADDRESS(ES):

1. _____
 NUMBER & STREET NAME CITY STATE ZIP

HOW LONG? _____

 NAME OF APTS OR RENTAL AGENT TELEPHONE RENT RATE

2. _____
 NUMBER & STREET NAME CITY STATE ZIP

HOW LONG? _____

 NAME OF APTS OR RENTAL AGENT TELEPHONE RENT RATE



ALLEGHENY PARTNERS

PREVIOUS ADDRESS(ES) (IF CURRENT ADDRESS IS LESS THAN ONE YEAR)

1. _____
NUMBER & STREET NAME CITY STATE ZIP

HOW LONG? _____

NAME OF APTS OR RENTAL AGENT TELEPHONE RENT RATE

2. _____
NUMBER & STREET NAME CITY STATE ZIP

HOW LONG? _____

NAME OF APTS OR RENTAL AGENT TELEPHONE RENT RATE

EMPLOYMENT:

1. _____
CURRENT EMPLOYER HOW LONG? TELEPHONE

BUSINESS ADDRESS CITY STATE ZIP

YOUR POSITION MONTHLY SALARY

ADDITIONAL SOURCES OF INCOME AND AMOUNTS: _____

2. _____
CURRENT EMPLOYER HOW LONG? TELEPHONE

BUSINESS ADDRESS CITY STATE ZIP

YOUR POSITION MONTHLY SALARY

ADDITIONAL SOURCES OF INCOME AND AMOUNTS: _____



FINANCIAL INFORMATION:

1. _____
FINANCIAL INSTUTION BALANCE IN ACCOUNT(S)

2. _____
FINANCIAL INSTUTION BALANCE IN ACCOUNT(S)

EMERGENCY CONTACT:

WHOM MAY WE CONTACT IN CASE OF PERSONAL EMERGENCY (SOMEONE NOT LIVING WITH YOU)

1. _____
LAST FIRST MIDDLE INITIAL RELATIONSHIP

NUMBER & STREET NAME CITY STATE ZIP

CONTACT NUMBER(S)

CANCELLATION POLICY

Cancellation must be provided in writing. Applicant(s) has 48 hours to cancel leasing process following notification of approval for an apartment. Reservation deposit will be forfeited in the event of cancellation.

ALL RESERVATION/APPLICATION FEES ARE NON-REFUNDABLE



RESIDENT STATEMENT

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all necessary information provided on this application, and my/our signature(s) hereto evidence my/our consent to obtain all such verifications. I/WE FURTHER CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

“I/We hereby authorize Allegheny Partners, LLC to obtain a consumer credit report, and any other information it may deem necessary, for the purpose of evaluating my/our rental application. I/We 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. This Authorization expressly grants the right to run additional reports at any time Allegheny Partners, LLC deems them to be necessary and includes any report to further the renewal of a lease or to collect monies due and owed. **I hereby expressly release Allegheny Partners, LLC and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my/our application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.**”

PRINT NAME

PRINT NAME

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

DAYTIME CONTACT NUMBER

DAYTIME CONTACT NUMBER

EMAIL ADDRESS

EMAIL ADDRESS