



DRUCKER & FALK, LLC
R E A L E S T A T E

Thank you for considering us in your search for a new apartment home.

NAME OF APPLICANT(S) _____

DATE OF APPLICATION _____

APARTMENT RESERVED/DESIRED _____

DATE DESIRED _____

LEASE TERM DESIRED _____

*HOW DID YOU HEAR ABOUT US? _____

APPLICATION FEE PAID \$_____ (non-refundable)

A HOLDING FEE IS REQUIRED TO RESERVE AN APARTMENT.

THIS FEE CAN BE RETURNED TO YOU ONLY IF THE APPLICATION IS NOT APPROVED.

**UPON APPROVAL AND A SIGNED RENTAL AGREEMENT, THE HOLDING FEE SHALL
BECOME THE SECURITY DEPOSIT REQUIRED BY THE RENTAL AGREEMENT.**

With your best interest in mind, the following information is necessary.



APPLICANT INFORMATION

(EACH ADULT OCCUPANT MUST SUBMIT A SEPARATE APPLICATION UNLESS MARRIED)

Applicant Name _____

DOB _____ SSN ^{FIRST} _____ ^{MIDDLE} _____ ^{LAST} _____ Driver's License # _____ State _____

Spouse _____

DOB _____ SSN ^{FIRST} _____ ^{MIDDLE} _____ ^{LAST} _____ Driver's License # _____ State _____

Other Occupants

1) _____ Relationship _____ DOB _____

2) _____ Relationship _____ DOB _____

3) _____ Relationship _____ DOB _____

4) _____ Relationship _____ DOB _____

RESIDENCY

Present Address _____

City _____ State _____ Zip _____

Occupancy Dates _____ Rent/Mortgage _____ per _____

Apt Community/Landlord _____ Landlord Phone () _____

Previous Address _____

City _____ State _____ Zip _____

Occupancy Dates _____ Rent/Mortgage _____ per _____

Apt Community/Landlord _____ Landlord Phone () _____

EMPLOYMENT

Applicant's Employer _____ Employer Phone () _____

Occupation _____ Gross Monthly Income _____

Spouse's Employer _____ Employer Phone () _____

Occupation _____ Gross Monthly Income _____

AUTOMOBILE(S)

Auto Make _____ Year _____ Color _____ State/Tag# _____

Auto Make _____ Year _____ Color _____ State/Tag# _____

If you own a recreational vehicle, please describe _____

EMERGENCY CONTACT (Contact person in case of a personal emergency – someone not living with you)

Name _____ Relationship _____ Work Phone () _____

Address _____ Home Phone () _____
Street City State Zip

IMPORTANT TO APPLICANT

- 1- Are you a pet owner? _____ Type/Breed _____ Weight _____ Age _____
No animal is allowed on the premises without prior written consent from management.
- 2- Do you have renter's insurance? _____ Company _____
- 3- A full month's rent is due at move-in. Prorated rent, if applicable, is due the first day of the following month. Move-ins the 25th or later require payment of prorated rent as well as the full month's rent.
- 4- The lease effective date is final. If the applicant fails to move in on that date, prorated rent will still be charged from the lease effective date.

SELECTION CRITERIA

Income: Income and employment will be verified on each applicant. Monthly income must meet the minimum requirements for the community for which the application is submitted.

Rental History: Two years of residential history will be verified on each applicant. Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Rental references should reflect the applicant's ability and willingness to comply with Lease terms as well as community policies and guidelines. Lack of rental history will not be considered a negative factor.

Credit: Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Credit history should positively reflect the applicant's ability and willingness to make payments as required by the Lease. Lack of credit history will not be considered a negative factor.

Public Records/Criminal Background: A public records search will be conducted on each adult occupant. Any one or more of the following will result in automatic denial of the application.

- Felonies or misdemeanors involving sexual misconduct;
- Felonies or misdemeanors involving the illegal manufacture, sale, and/or distribution of a controlled substance;
- Felonies involving a physical crime against a person or persons and/or another person's property.

Occupancy Standards: Occupancy limits, determined by the community, may not be exceeded.

SIGNATURE OF ALL ADULTS TO APPEAR ON LEASE

I CERTIFY THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRIES TO BE MADE BY ALL AVAILABLE MEANS TO VERIFY THE STATEMENTS ABOVE. THIS WOULD INCLUDE, BUT NOT BE LIMITED TO, CONSUMER REPORTING AGENCIES, PUBLIC RECORDS, CRIMINAL BACKGROUND CHECK, CURRENT AND PREVIOUS RENTAL REFERENCES, EMPLOYERS AND PERSONAL REFERENCES.

FALSIFICATION OF INFORMATION WILL RESULT IN DENIAL OF THE APPLICATION OR TERMINATION OF THE RENTAL AGREEMENT

1. Signature _____
Contact Phone () _____ Email Address _____
2. Signature _____
Contact Phone () _____ Email Address _____



RULE 6.3
DISCLOSURE OF AGENCY RELATIONSHIP

All licensees shall promptly disclose their agency relationships to all actual and prospective buyers and sellers, lessors and lessees, optionors and optionees in these ways:

- A. As soon as the licensee has substantive discussions about specific property(ies) with a principal or prospective principal, the licensee shall disclose to that principal or prospective principal the person(s) whom the licensee represents in a principal-agency relationship; and
- B. Further, this disclosure shall be made in writing at the earliest practical time, but in any case not later than the time when specific real estate assistance is first provided. This written disclosure shall be acknowledged by the principals.

DISCLOSURE OF AGENCY RELATIONSHIP

In compliance with Regulation 6.3 of the Virginia Real Estate Board, you are hereby advised that DRUCKER & FALK, LLC is employed by Hawthorne Hall Co. LP
as MANAGING AGENT for Hawthorne Hall Apartments,
(124 units) with Rental Office located at 3505 Chamberlayne Ave.

ACKNOWLEDGEMENT:

Date: _____



RENTAL VERIFICATION

The individual signed below has submitted an application to Hawthorne Hall Apartments. Please provide the information

requested and fax this form back to our office at 804-329-6815

Thank you for your prompt response.

Name of Applicant _____

I hereby authorize release of the information requested below for my rental address at:

STREET

CITY

STATE

ZIP

Applicant's Signature

Date

Dates of Residency: _____ through _____

Amount of Rent \$ _____ Has Lease Expired? YES NO

of Late or NSF's none 1 2 3 4 or more

(If 4 or more, did they occur within the last twelve months?) YES NO

Has the individual complied with all community policies? YES NO

Does this individual keep an animal on the premises? YES NO

Has the animal at any time caused a problem or been a nuisance? YES NO

Eligible for re-rental YES NO

Date _____

Signature _____

