



# The Gables, Inc.

One South Washington Street • Winchester, Virginia 22601  
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Rachel Chisholm, Esq., President

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## *Confidential*

### **APPLICATION FOR RENTAL**

(All information provided in this application will be kept confidential and is for the purpose of providing information to determine financial qualification for rental with us. In the event you are not given an apartment with us, this application will be shredded. We may or may not conduct a credit check. If this is for a couple, each person must complete an application.)

**Name: First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

(Please complete full name. A copy of driver's license or photo ID is required if approved.)

**Current Address:** \_\_\_\_\_

**How Long at this Address:** \_\_\_\_\_ **Please circle (weeks/months/years)**

**Reason for relocating:** \_\_\_\_\_

**Name of Current Landlord if leasing:** \_\_\_\_\_

**Landlord Address:** \_\_\_\_\_

**Phone Number of Landlord:** \_\_\_\_\_

**Your Phone: Work #:** \_\_\_\_\_ **Your Home or cell #:** \_\_\_\_\_

**E-mail address if any:** \_\_\_\_\_

**Employer's Name (or Company Name):** \_\_\_\_\_

**Person to speak to for employment confirmation:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Employer's Phone #:** \_\_\_\_\_

**Length of Employment there:** \_\_\_\_\_

**Net Monthly Income (after taxes) :** \_\_\_\_\_

If less than 2 years at above employment, please include previous employer below:

Previous employer: \_\_\_\_\_

Date of and Length of employment: \_\_\_\_\_

Number of People to occupy the apartment or house: \_\_\_\_\_

Names of Persons (besides yourself) who will occupy unit and their relationship to you: \_\_\_\_\_

Name and Drivers License Number of Persons who will be responsible for rent: (If approved, a copy of Drivers License is required)

\_\_\_\_\_ State: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Have you ever rented before? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Address of previous Landlord: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Their Phone Number: \_\_\_\_\_

Period of time there: \_\_\_\_\_  
(Starting date and ending date)

Reason for Leaving: \_\_\_\_\_

Previous Landlords

\_\_\_\_\_  
(If you have other rental references you would like to include, please use back of this page or if completing online, add a new page. The more rental references we receive, the quicker your application can be processed. )

Other References:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_

Name, Address, and Phone number of person to notify in case of an emergency:

\_\_\_\_\_  
\_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Do you expect to have children living with you or visiting you? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If you answered yes, please advise their relationship to you and how often you expect visitation, and the ages of the children:**

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**If you currently rent, a copy of your current electric bill, phone bill or other utility bill showing your present address may be requested.**

**I can do so: Yes \_\_\_\_\_ No \_\_\_\_\_**

**To expedite review if we cannot verify employment by phone can you provide a copy of your latest pay stub? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Do you have any pets? If so, please list how many and type and what type of flea control you use:**

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**If you answered yes above, please provide name of veterinarian you use if local:**

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**Do you or have you ever had any judgments entered against you for non-payment of rent? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Have you ever been involved in an "Unlawful Detainer" (land lord's eviction) action? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If you answered yes, where was the action filed (City and State) and what was the result of such action?**

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(You may explain any circumstances surrounding such action on the next page if you feel further explanation is needed or add a page if completing by email.)

**Do you currently owe any back rents or past due fees to any landlord?**  
**Yes \_\_\_\_\_ No \_\_\_\_\_**

**Have you ever been evicted or had your lease not renewed? Yes \_\_\_\_\_ No \_\_\_\_\_**

**This apartment is in a smoke free building.**

**Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If you answered “Yes” to any of the above, then please explain facts surrounding that on the back of this application or add a page if completing by email.**

**Absolute earliest date you can move or begin your rental agreement: \_\_\_\_\_  
Any other information you want to bring to our attention or care to provide can be included below in the blank space: (Please sign at bottom & mail or e-mail to addresses on letterhead.)**

**I \_\_\_\_\_ state the foregoing is true to the best of my knowledge and belief.**

**I understand that if any of the foregoing is found to be purposely misleading or untrue, any deposit given may be kept as damages in the event the unit is held for me and I do not rent the unit. In any event, I understand that if the unit is held for me and I decide not to rent unit, my deposit may be kept as damages for lost rent and or re-advertising costs.**

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Dated**

**Thank you for submitting your application!**

**If you wish to drop off your application, the mail drop is at 209 West Boscawen Street, Winchester, VA 22601, at the law office of Rachel K. Chisholm.**

**There is a mail drop box at that location. Please use the drop box.**