



The Gables, Inc.

1 South Washington Street • Winchester, Virginia 22601

Rachel Chisholm, Esq., President

Michael P. Chisholm, Vice President

Confidential

APPLICATION FOR RENTAL ADULT APARTMENT HOUSE

(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 gvt. 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: _____

Phone: Home: _____ **Work:** _____

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:** _____

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:

Are you a smoker? Yes _____ No _____

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:

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

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” (landlord eviction) action? Yes _____ No _____

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

(You may explain any circumstances surrounding such action on the back of this form 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 ____

If you answered “Yes” to 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!