

**712 12<sup>th</sup> Street, LLC (Virginia Laundry Lofts)  
RESIDENTIAL APPLICATION**

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712 12<sup>th</sup> Street, Lynchburg, VA 24504

**712 12<sup>th</sup> Street, LLC, (Virginia Laundry Lofts) 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.**

**APPLICATION FEE**

Application fee is \$50 per applicant and is non-refundable.

**HOLDING DEPOSIT/RESERVATION DEPOSIT**

A reservation deposit of \$250.00 (by separate Cashier's Check or Money Order) may be submitted by applicant to indicate serious intent to follow through upon notification of approval. If applicant is not approved for residency, this deposit will be refunded. If applicant is approved, this deposit may be used to hold a specific unit off the market for up to 1 week, during which time a Lease must be executed with a mutually agreeable start date, using the deposit as part of the total Security Deposit for the Lease. If applicant fails to execute a lease as mentioned above, this Reservation Deposit becomes the property of Virginia Laundry Lofts and any further pursuit by applicant for another unit will be void and separate from the above timetable.

**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 to any interest due will be refunded in compliance with the terms of your lease and applicable Virginia statutes.

**PETS**

Virginia Laundry Lofts has a \$250 non-refundable pet fee for a limit of two pets (dogs, cats or other, as approved) not to exceed a total weight of 75 pounds per apartment. There are strict requirements/expectations for responsible pet ownership.

**QUALIFICATION RESTRICTIONS**

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

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

Background Check: A criminal search, eviction history, and previous address history will be collected for each applicant and evaluated by management.

### **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.

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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



**NAME AND PERSONAL INFORMATION:**

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Last	First	Middle	Date of Birth	Social Security Number
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**CONTACT INFORMATION:**

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Mobile Phone	Work Phone	Email
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**CURRENT ADDRESS:**

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Number and Street	City	State	Zip
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Length of residence	Do you own or rent this home?	Rent Rate, if applicable
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If you own your home, please indicate the status. (Home is for sale, for rent, continued ownership, etc.)

**PREVIOUS ADDRESS (ES): (Complete if current address has been occupied for LESS THAN ONE YEAR.)**

1. 

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Number and Street	City	State	Zip
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Length of residence	Do you own or rent this home?	Rent Rate, if applicable
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2. 

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Number and Street	City	State	Zip
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Length of residence	Do you own or rent this home?	Rent Rate, if applicable
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**REQUIRED: List ALL states where you have previously resided (18yr+):** \_\_\_\_\_

**CURRENT EMPLOYMENT:**

1. \_\_\_\_\_  
 Current Employer                                  Length of Employment                                  Business Phone Number

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Business address    City                                  State                                  Zip

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Position    Monthly GROSS salary

**ADDITIONAL** sources of income and amounts: \_\_\_\_\_

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2. \_\_\_\_\_  
 Current Employer                                  Length of Employment                                  Business Phone Number

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Business address    City                                  State                                  Zip

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Position    Monthly GROSS salary

**PREVIOUS EMPLOYMENT: (If you have NOT been employed at your current company for the previous 2 years, please note any/all employment you held within the previous 2 years. You will need to complete an Employment Verification form (page 7) for every company that makes your 2 years of consecutive employment)**

1. \_\_\_\_\_  
 Previous Employer                                  Length of Employment                                  Business Phone Number

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Business address    City                                  State                                  Zip

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Position    Monthly GROSS salary

2. \_\_\_\_\_  
 Previous employer                                  Length of Employment                                  Business Phone Number

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Business address    City                                  State                                  Zip

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Position    Monthly GROSS salary

**VEHICLE INFORMATION:**

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Year	Make	Model	Color	License Plate Number	State Where Registered
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**ADDITIONAL OCCUPANTS: (Please list any additional occupants that will be living in the apartment. ALL occupants age 18 and older must complete a SEPARATE application.)**

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Do you have pets? \_\_\_\_\_ Please list number of and type of pet(s). \_\_\_\_\_

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**EMERGENCY CONTACTS: (Please note contact information for the persons that you would prefer to be contacted in the event of a personal emergency. Do NOT include persons that will be living with you.)**

1. \_\_\_\_\_  
Last                                      First                                      Middle                                      Relationship

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Number and Street                                      City                                      State                                      Zip

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Mobile Phone                                      Work Phone                                      Email

2. \_\_\_\_\_  
Last                                      First                                      Middle                                      Relationship

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Number and Street                                      City                                      State                                      Zip

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Mobile Phone                                      Work Phone                                      Email

**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 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 712 12<sup>th</sup> Street, 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 712 12<sup>th</sup> Street, 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 712 12<sup>th</sup> Street, 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**FOR OFFICE USE ONLY:**

Apartment Name & Number Desired	Date Desired	Length of Lease	Monthly Rent Amount	Application Fee & Holding Dep	How did applicant hear about our company?  (Resident Referral?)	Application Received By	Date Application Received
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Special lease notes:

# EMPLOYMENT VERIFICATION FORM

**THIS SECTION TO BE COMPLETED BY APPLICANT**

1<sup>st</sup> Request \_\_\_\_\_  
 2<sup>nd</sup> Request \_\_\_\_\_

TO: (Name & Address of Employer) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HR's Phone Number: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

RE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Applicant/Resident Name
Social Security Number

I hereby authorize release of my employment information.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of Applicant/Resident
Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

  
 \_\_\_\_\_  
 Project Owner / Management Agent

**PLEASE RETURN FORM TO:**  
 712 12<sup>th</sup> Street, LLC (Virginia Laundry Lofts)  
 Sara Schott, Property Management  
**PHONE:** 540-855-7194 / **FAX:** 866-545-4406  
**EMAIL:** SSchott@altus-group-inc.com

**THIS SECTION TO BE EXECUTED BY MANAGEMENT, COMPLETED BY EMPLOYER**

Please use **GROSS** amounts and do not leave any sections blank (enter zero (0) or N/A.)

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_ No \_\_\_ Date First Employed: \_\_\_\_\_ Last Date of Employment \_\_\_\_\_

Current Wages/Salary \$ \_\_\_\_\_ (circle one) *hourly weekly biweekly semi-monthly monthly yearly other*

Number of regular hours per week \_\_\_\_\_

Overtime Rate \$ \_\_\_\_\_ per hour Number of overtime hours per week \_\_\_\_\_

Shift Differential Rate \$ \_\_\_\_\_ per hour Number of shift differential hours per week \_\_\_\_\_

Commissions, bonuses, tips, other \$ \_\_\_\_\_ (circle one) *hourly weekly biweekly semi-monthly monthly yearly*

List any anticipated change in the employee's rate of pay within the next 12 months \_\_\_\_\_ Effective date \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) \_\_\_\_\_

Additional remarks \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature
Employer's Printed Name
Date

\_\_\_\_\_  
 Employer (Company) Name and Address

\_\_\_\_\_  
Phone #
Fax #
E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

# LANDLORD REFERENCE FORM

TO CURRENT/PREVIOUS LANDLORD: The applicant named below has applied for an apartment at 712 12<sup>th</sup> Street, LLC (Virginia Laundry Lofts). Your answers will be used to help determine the renter's eligibility. Thank you for your cooperation.

## THIS SECTION TO BE COMPLETED BY APPLICANT(S)

Applicant Name(s): \_\_\_\_\_

Address of Applicant's Rental: \_\_\_\_\_

Name of Property Rental/Rental Company: \_\_\_\_\_

Property Manager/Property Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

My signature(s) below as an applicant authorizes the release of my previous renter's history:

Applicant(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

## THIS SECTION TO BE EXECUTED BY MANAGEMENT, COMPLETED BY LANDLORD

When did the applicant(s) rent this property? From: \_\_\_\_\_ to: \_\_\_\_\_

Property Type? House \_\_\_\_\_ Apartment \_\_\_\_\_ Room \_\_\_\_\_

What was their monthly rent? \$ \_\_\_\_\_ was it paid on time? \_\_\_\_\_

Were they responsible for utilities? \_\_\_\_\_

What was their security deposit? \$ \_\_\_\_\_ Will it be returned? \_\_\_\_\_

If security deposit will NOT be returned, please explain: \_\_\_\_\_

Did they get along with their neighbors? \_\_\_\_\_

What were their overall housekeeping habits? \_\_\_\_\_

Did they give proper notice before moving out? \_\_\_\_\_

Would you rent to them again? YES \_\_\_\_\_ NO \_\_\_\_\_ CONDITIONAL \_\_\_\_\_

PRINTED NAME OF PERSON COMPLETING FORM: \_\_\_\_\_

TITLE OF PERSON COMPLETING FORM: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PLEASE RETURN THIS FORM TO:

712 12<sup>th</sup> Street, LLC (Virginia Laundry Lofts)

Sara Schott, Property Management - PHONE: 540-855-7194 – FAX: 866-545-4406 – EMAIL: SSchott@altus-group-inc.com