

APARTMENT APPLICATION FORM

Lawson Enterprises, Inc.
1310 Garrison Drive, Williamsburg, VA 23185
Office # 757-229-6047 FAX # 757-229-6057

\$50.00 NON-REFUNDABLE APPLICATION FEE PER PERSON. EACH roommate must submit a separate application and pay \$50.00.

****WE ONLY ACCEPT CASH, MONEY ORDERS OR PERSONAL CHECKS FOR THE APPLICATION FEE. ****

COLLEGE STUDENTS: Current Government issued Photo ID, (No Military or College ID accepted), Social Security Card and/or documents that support your social security number, I-20 (if you do not have a social security card yet), **CURRENT** letter of enrollment; can be obtained for free at the College Registrar's Office on Campus.

ALL OTHER APPLICANTS: Current Government issued Photo ID, (No Military ID accepted), Social Security Card and/or documents that support your social security number, recent paystubs from all current jobs if employed and proof of additional income received each month if using as a form of paying rent (Court Ordered Child support, Disability, Social Security, Retirement, etc.)

REASON FOR LEASING: PRICE: _____ LOCATION: _____ LEASE-TERM: _____ OTHER: _____

DATE APPLICATION RECEIVED IN RENTAL OFFICE: _____

DESIRED MOVE IN DATE: _____ SIZE OF APARTMENT DESIRED (1, 2, OR 3 BEDROOM): _____

1ST CHOICE: _____ 2ND CHOICE: _____ 3RD CHOICE: _____

EMAIL: _____ CELL #: _____

NAME: _____ SPOUSE: _____

SOCIAL SECURITY #: _____ SPOUSE'S SOCIAL SECURITY #: _____

PRESENT ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE #: _____ HOW LONG AT PRESENT ADDRESS: _____ RENT OR MORTGAGE PER MONTH: \$ _____

LANDLORD/MORTGAGEE: _____ ADDRESS: _____

PHONE #: _____

EMPLOYER/POSITION: _____ MONTHLY GROSS: \$ _____ MONTHLY NET: \$ _____

PHONE#: _____ SUPERVISOR/PHONE #: _____

ADDRESS OF EMPLOYER: _____ LENGTH OF TIME EMPLOYED: _____

PREVIOUS EMPLOYER/POSITION: _____ PHONE #: _____ LENGTH OF TIME EMPLOYED: _____

ADDRESS OF PREVIOUS EMPLOYER: _____

SPOUSE'S EMPLOYER/POSITION: _____ MONTHLY GROSS: \$ _____ MONTHLY GROSS: \$ _____

PHONE#: _____

ADDRESS OF EMPLOYER: _____ LENGTH OF TIME EMPLOYED: _____

ANY ADDITIONAL INCOME: _____

PERSONS (INCLUDING CHILDREN AND ROOMMATES) WHO WILL OCCUPY THE APARTMENT WITH YOU:

NAME: _____ AGE _____ RELATIONSHIP: _____

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NAME: _____ AGE _____ RELATIONSHIP: _____

REFERRED BY: _____

DO YOU HAVE ANY PETS? _____ WHAT KIND? _____ HOW MANY? _____

A \$250.00 NON-REFUNDABLE PET FEE PER PET IS REQUIRED. NO MORE THAN 3 PETS PER APARTMENT.

RELATIVE: (PERSON TO CONTACT IN CASE OF AN EMERGENCY)-Example of emergency: medical issue, non-payment of rent.

NAME: _____ RELATIONSHIP: _____ PHONE #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PERSONAL REFERENCE: Someone other than a family member or your spouse/roommate.

NAME: _____ ADDRESS: _____ PHONE #: _____

VEHICLE #1-YR/MAKE/MODEL _____ COLOR: _____ LICENSE #: _____

VEHICLE #2-YR/MAKE/MODEL _____ COLOR: _____ LICENSE #: _____

VEHICLE #3-YR/MAKE/MODEL _____ COLOR: _____ LICENSE #: _____

Lessor has my permission to make any inquiries deemed necessary to evaluate TENANT, CREDIT, CRIMINAL BACKGROUND AND EMPLOYMENT HISTORY. Any willfully false information or misrepresentation is cause for application not to be approved. If any references are unsatisfactory to management, the security deposit to hold said apartment will be refunded within thirty (30) days. It is expressly agreed by the Lessor that all information supplied on this application will be maintained in strictest confidence.

Please initial that you have read and answered these questions: Applicant _____ Spouse _____

• Have you or your spouse/roommate:

EVER been CHARGED and/or FOUND GUILTY of ANY offense (excluding traffic infractions)?	_____ YES	_____ NO
EVER been EVICTED or asked to move out?	_____ YES	_____ NO
EVER broken a rental agreement or lease contract?	_____ YES	_____ NO
EVER been late with rent payments or sued for non-payment of rent?	_____ YES	_____ NO
EVER had any outstanding judgments or bankruptcy?	_____ YES	_____ NO

If you answered "Yes" to any of the above questions, please explain: _____

Please check: Misdemeanor: _____ Felony: _____ N/A: _____

Year: _____ City & State: _____ Offense: _____

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In the event the apartment is available on the scheduled move in date but I do not lease the apartment or I cancel my reservation at any time, I agree that the Lessor will retain the security deposit and all monies paid as liquidated damages for my failure to perform.

I understand that if I am unable to enter into and occupy the apartment at the time provided by reason of its not being ready for occupancy or by reason of the holding over of any previous occupancy or as a result of any causes or reasons beyond the direct control of the Lessor, the Lessor shall not be liable in damages to the resident, but during the period I am unable to occupy the apartment, the rent shall be abated. If the Lessor is not able to deliver possession of the apartment within five (5) days of the commencement date, I may cancel and terminate the lease and the apartment security deposit will be refunded in thirty (30) days.

The undersigned represents that the above statements/information are true and complete and authorizes verification of information and references given.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____