

**APARTMENT APPLICATION FORM**

Lawson Enterprises, Inc.  
1310 Garrison Drive, Williamsburg, VA 23185  
Office # 757-229-6047  
Website: [www.lawsonenterprisesinc.com](http://www.lawsonenterprisesinc.com)  
Email: [office@lawsonenterprisesinc.com](mailto:office@lawsonenterprisesinc.com)

**\$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/J-1 (if you do not have a social security card), **CURRENT** letter of enrollment; can be obtained for free from National Student Clearinghouse-[www.wm.edu/verification](http://www.wm.edu/verification).

**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): \_\_\_\_\_

1<sup>ST</sup> CHOICE: \_\_\_\_\_ 2<sup>ND</sup> CHOICE: \_\_\_\_\_ 3<sup>RD</sup> CHOICE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SPOUSE'S EMAIL: \_\_\_\_\_

CELL #: \_\_\_\_\_ SPOUSE'S CELL #: \_\_\_\_\_

NAME: \_\_\_\_\_ SPOUSE \_\_\_\_\_ NAME: \_\_\_\_\_

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 NET: \$ \_\_\_\_\_

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: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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 #: \_\_\_\_\_

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: \_\_\_\_\_

Year: \_\_\_\_\_ City & State: \_\_\_\_\_ Offense: \_\_\_\_\_

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: \_\_\_\_\_