

RENTAL APPLICATION FOR  
RESIDENTS AND OCCUPANTS  
(Each co-applicant and each occupant 18 years old  
and over must submit a separate application.)



Date when filled out: \_\_\_\_\_

| APPLICANT INFORMATION  |                   |  |       |
|--|-------------------|--|-------|
| Full Name (Exactly as it appears on Driver's License or Govt. ID card)   |                   |  |       |
| Former Name (if applicable)  |                   | Gender (Optional)  |       |
| Birthdate  | Social Security # | Driver's License #   | State |
| Government Photo ID card #   |                   | Type   |       |
| Home Phone Number  | Cell Phone Number | Work Phone Number  |       |
| Email Address  |                   |  |       |
| Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> separated |                   | Do you or any occupant smoke? <input type="checkbox"/> yes <input type="checkbox"/> no |       |
| I am applying for the apartment located at: _____  |                   |  |       |
| Is there another co-applicant? <input type="checkbox"/> yes <input type="checkbox"/> no  |                   |  |       |
| Co-applicant Name  |                   |  |       |
| Email  |                   |  |       |
| Co-applicant Name  |                   |  |       |
| Email  |                   |  |       |
| Co-applicant Name  |                   |  |       |
| Email  |                   |  |       |
| Co-applicant Name  |                   |  |       |
| Email  |                   |  |       |
| Co-applicant Name  |                   |  |       |
| Email  |                   |  |       |
| OTHER OCCUPANTS  |                   |  |       |
| Full Name  |                   | Relationship   |       |
| Date of Birth  | Social Security # | Driver's License #   | State |
| Government Photo ID card #   |                   | Type   |       |
| Full Name  |                   | Relationship   |       |
| Date of Birth  | Social Security # | Driver's License #   | State |
| Government Photo ID card #   |                   | Type   |       |
| Full Name  |                   | Relationship   |       |
| Date of Birth  | Social Security # | Driver's License #   | State |
| Government Photo ID card #   |                   | Type   |       |
| Full Name  |                   | Relationship   |       |
| Date of Birth  | Social Security # | Driver's License #   | State |
| Government Photo ID card #   |                   | Type   |       |
| Full Name  |                   | Relationship   |       |
| Date of Birth  | Social Security # | Driver's License #   | State |
| Government Photo ID card #   |                   | Type   |       |

RESIDENCY INFORMATION

Current Home Address (where you live now)

City

State

Zip Code

Do you ☐ rent or ☐ own?

Dates: 

From

To

\$

Monthly Payment

Apartment Name

Landlord/Lender Name

Phone

Reason for Leaving

Previous Home Address

City

State

Zip Code

Do you ☐ rent or ☐ own?

Dates: 

From

To

\$

Monthly Payment

Apartment Name

Landlord/Lender Name

Phone

Reason for Leaving

EMPLOYMENT INFORMATION

Present Employer

Address

City

State

Zip Code

Work Phone

Dates: 

From

To

\$

Gross Monthly Income

Position

Supervisor Name

Phone

Previous Employer

Address

City

State

Zip Code

Work Phone

Dates: 

From

To

\$

Gross Monthly Income

Position

Supervisor Name

Phone

ADDITIONAL INCOME

(Income must be verified to be considered)

Type

Source

\$

Gross Monthly Amount

Type

Source

\$

Gross Monthly Amount

CREDIT HISTORY (if applicable)

If applicable, please explain any past credit problem:

RENTAL/CRIMINAL HISTORY

(Check only if applicable)

Have you or any occupant listed in this Application ever:

☐ been evicted or asked to move out?

☐ moved out of a dwelling before the end of the lease term without the owner’s consent?

☐ declared bankruptcy?

☐ been sued for rent?

☐ been sued for property damage?

☐ been convicted (or received an alternative form of adjudication equivalent to conviction) of a felony or misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime?

Please indicate the year, location and type of each felony or misdemeanor conviction involving a controlled substance, violence to another person or destruction of property, or a sex crime. We may need to discuss more facts before making a decision. *You represent the answer is “no” to any item not checked above.*

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REFERRAL INFORMATION

How did you find us?

☐ Online search. Website address:

☐ Referral from a person. Name:

☐ Social Media. Which one?

☐ Other

EMERGENCY CONTACT

Emergency contact person over 18, who will not be living with you:

Name

Relationship

Address

City

State

Zip Code

Home Phone #

Cell Phone #

Work Phone #

Email Address

VEHICLE INFORMATION (if applicable)

List all vehicles owned or operated by you or any occupants (including cars, trucks, motorcycles, trailers, etc.).

Make

Model

Color

Year

License Plate #

State

Make

Model

Color

Year

License Plate #

State

Make

Model

Color

Year

License Plate #

State

Make

Model

Color

Year

License Plate #

State

PET INFORMATION (if applicable)

You may not have any animal in your unit without management’s prior authorization in writing. If we allow your requested animal, you must sign a separate animal addendum, which may require additional deposits, rents, fees or other charges.

Name

Type

Breed

Gender

Weight

Color

Assistance Animal Status: ☐ yes ☐ no

Name

Type

Breed

Gender

Weight

Color

Assistance Animal Status: ☐ yes ☐ no

APPLICATION AGREEMENT

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease Contract. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease Contract. In order to continue with this application, you’ll need to review the Application Agreement carefully and acknowledge that you accept its terms.

1. Lease Contract Information. The Lease Contract contemplated by the parties will be the current Lease Contract. Special information and conditions must be explicitly noted on the Lease Contract.

2. Approval When Lease Contract Is Signed in Advance. If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.

3. Approval When Lease Contract Isn’t Yet Signed. If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.

4. If you Fail to Sign Lease Contract After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval. If you or any co-applicant fails to sign as required, we will terminate all further obligations under this Agreement, and any application deposits will be refunded in accordance with Virginia Code § 55.1-1203, as amended.

5. If You Withdraw Before Approval. To the extent permitted by applicable law, if you or any co-applicant withdraws an Application or notifies us that you’ve changed your mind about renting the dwelling unit, all application deposits will be refunded in accordance with Virginia § 55.1-1203, as amended, and thereafter the parties will have no further obligation to each other.

6. Approval/Non-Approval. We will notify you whether you’ve been approved within 10 days after the date we receive a completed Application. Your Application will be considered “disapproved” if we fail to notify you of your approval within 10 days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 10-day time period may be changed only by separate written agreement.

7. Refund after Non-Approval. If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we’ll refund all application deposits in accordance with Virginia Code § 55.1-1203, as amended. Refund checks may be made payable to all co-applicants and mailed to one applicant.

8. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 4, 5, 6, or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day that is not a Saturday, Sunday, or a state or federal holiday.

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APPLICATION AGREEMENT (CONTINUED)

9. **Keys or Access Devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.

10. **Application Submission.** Submission of a rental application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease Contract.

DISCLOSURES

1. **Application Fee (Non-Refundable).** You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 3. ***Payment of the application fee does not guarantee that your application will be accepted.*** The application fee partially defrays the cost of administrative paperwork. ***It is non-refundable except as provided by applicable law.***

2. **Application Deposit.** In addition to any application fee(s), you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. *The application deposit is not a security deposit.* To the extent permitted by applicable law, the application deposit will be credited toward the required security deposit when the Lease Contract has been signed by all parties; OR, it will be refunded under paragraph 7 of the Application Agreement if your application is not approved; OR, it will be refunded under paragraph 4 or 5 of the Application Agreement if you fail to sign or attempt to withdraw.

3. **Fees Due. Your Rental Application will not be processed until we receive your completed Rental Application (and the completed Rental Application of all co-applicants, if applicable) and the following fees:**

1. Application fee (Non-refundable): \$

2. Application deposit (Refundable): \$

4. **Completed Application.** Your Rental Application for Residents and Occupants will not be considered "completed" and will not be processed until we receive the following documentation and fees:

1. Your completed Rental Application;

2. Completed Rental Applications for each co-applicant (if applicable);

3. Application fees for all applicants;

4. Application deposit for the Unit.

5. **Notice to or from Co-Applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.

AUTHORIZATION AND ACKNOWLEDGMENT

AUTHORIZATION

I authorize MST CHESTERFIELD LLC

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Payment Authorization

I authorize MST CHESTERFIELD LLC

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-Sufficient Funds and Dishonored Payments.

If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

(i) Applicant shall pay to us the NSF Charge; and

(ii) We reserve the right to refer the matter for criminal prosecution if warranted.

ACKNOWLEDGMENT

You declare that all of your statements in this Application are true, accurate and complete. You authorize us to verify the same. If you fail to answer any question(s) or if you provide us with false information, we may reject the application, and/or terminate your tenancy and your right of occupancy, and we may pursue all other rights and remedies available to us under applicable Virginia law. Giving false information is a serious offense. In any lawsuit relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the non-prevailing party. In accordance with applicable Virginia and federal law, we may furnish information to consumer reporting agencies and to any other rental housing owners regarding your tenancy.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Apt. name or dwelling address (street, city)

Person accepting application

Person processing application

Unit # or type

Phone

Phone

Applicant or Co-applicant was notified by ☐ telephone ☐ letter ☐ email, or ☐ in person of ☐ acceptance or ☐ non-acceptance on

(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)

Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):


Name(s)

Name of owner's representative who notified above person(s)

ADDITIONAL COMMENTS

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SUPPLEMENTAL RENTAL APPLICATION FOR UNITS  
UNDER GOVERNMENT REGULATED AFFORDABLE  
HOUSING PROGRAMS



Date: January 11, 2021  
(when this Application is filled out)

1. **SUPPLEMENTAL INFORMATION.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.
2. **EMPLOYMENT UPDATE.** Present employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Position: \_\_\_\_\_

3. **HOUSEHOLD COMPOSITION.** List all persons, including yourself, who will be living in your household.

| Number of Persons     | Full Name | Relationship | Age | Student Status   |
|-----------------------|-----------|--------------|-----|--|
| 1 (Head of Household) |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 2                     |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 3                     |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 4                     |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 5                     |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |
| 6                     |           |              |     | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A |

Does anyone live with you now who is not listed above? ☐ Yes ☐ No. Does anyone plan to live with you in the future who is not listed above? ☐ Yes ☐ No. If you answered "Yes" to any question, please explain: \_\_\_\_\_

Are any of the household members listed above: Foster children? ☐ Yes ☐ No Live-in attendants? ☐ Yes ☐ No

4. **ANNUAL INCOME.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18).

| Gross Monthly Income Source: Indicate whether anyone in your household receives income from the following                         | Applicant | Co-Applicant | Other Household Members | Total |
|---|-----------|--------------|-------------------------|-------|
| Salary <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| Commissions and Fees <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| Interest and/or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Net Income from Business <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Social Security, Pensions, Retirement Funds, etc., Received Periodically <input type="checkbox"/> Yes <input type="checkbox"/> No | \$        | \$           | \$                      | \$    |
| Support from Parents or Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Workers' Compensation, etc <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$        | \$           | \$                      | \$    |
| Court Ordered Child Support or Alimony (regardless whether paid) <input type="checkbox"/> Yes <input type="checkbox"/> No         | \$        | \$           | \$                      | \$    |
| AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$        | \$           | \$                      | \$    |
| Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)   | \$        | \$           | \$                      | \$    |

5. **ASSETS.** List all assets of all adults and persons in your household, including those under the age of 18.

TOTAL \$

| Listing of All Assets  | Cash Value | Annual Interest, Dividends or Rent from Assets | Name of Financial Institution or Description of Asset | Account Number |
|--|------------|--|---|----------------|
| Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No             | \$         | \$   |   |                |
| Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No              | \$         | \$   |   |                |
| Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No         | \$         | \$   |   |                |
| Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$         | \$   |   |                |
| Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No             | \$         | \$   |   |                |
| IRA/Keough Account <input type="checkbox"/> Yes <input type="checkbox"/> No              | \$         | \$   |   |                |
| Retirement/Pension Fund <input type="checkbox"/> Yes <input type="checkbox"/> No         | \$         | \$   |   |                |
| Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No                      | \$         | \$   |   |                |
| Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No              | \$         | \$   |   |                |
| Whole Life Insurance Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No | \$         | \$   |   |                |
| Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)                | \$         | \$   |   |                |

6. **CERTIFICATION.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application.
7. **RECERTIFICATION.** If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the NAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application

