

Salem View Apartments

3836 Panorama Avenue NW
 Roanoke, VA 24017
 Phone (540) 562-0300 | Fax (540) 562-0386
 salem@greenbriermc.com

RENTAL APPLICATION

APPLICANT INFORMATION:

Name: _____				
Last	First	Middle Initial		
Current Address: _____				
Street	City	State	Zip Code	
Date of Birth: _____		Social Security #: _____		
Move in date requested: _____		Bedroom size requested: _____		
Lease term requested: _____		Telephone Number: _____		
Email: _____		Date of Application: _____		

HOUSEHOLD INFORMATION:

List below, all information for each **additional household member** who will occupy the unit.

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	Social Security Number	Date of Birth (Mo./Day/Yr.)
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Do you anticipate a change in household composition during the next 12 months? Yes No

Do you request a handicapped accessible unit? Yes No

Do you require any special accommodations or special services from management? Yes No

If yes, describe: _____

THREE YEAR LIVING HISTORY:

Present Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____				
Landlord's Name: _____				
Landlord's Telephone: _____		Dates of Residency: _____ <small>(mo./yr.) TO (mo./yr.)</small>		
Previous Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____				
Previous Address: _____				
Street	City	State	Zip Code	
Landlord's Name: _____				
Landlord's Address: _____				
Street	City	State	Zip Code	
Landlord's Telephone: _____		Dates of Residency: _____ <small>(mo./yr.) TO (mo./yr.)</small>		

Emergency Contact Person:

Name: _____ **Phone Number:** _____

Address: _____

Street City State Zip Code

Relationship: _____

EMPLOYMENT INFORMATION:

Present Employer: _____ Telephone Number: _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ Dates of Employment: _____
(mo./yr.) TO (mo./yr.)

Verification Contact Person: _____ Fax Number: _____

Second Employer, or

Previous Employer: _____ Telephone Number: _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ Dates of Employment: _____
(mo./yr.) TO (mo./yr.)

Verification Contact Person: _____ Fax Number: _____

Spouse Employer: _____ Telephone Number: _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ Dates of Employment: _____
(mo./yr.) TO (mo./yr.)

Verification Contact Person: _____ Fax Number: _____

Please list the total annual employment income of all members of your household.

Name of Recipient	Wages (Full Time)	Wages (Part Time)	Overtime Pay	Commissions Or Fees	Tips or Bonuses

VEHICLE INFORMATION:

Driver's License Number/State ID#: _____ **State Issued:** _____

Additional Occupant Driver's License Number/State ID#: _____ **State Issued:** _____

Vehicle #1: Year _____ Make _____ Model _____ Color _____
 License # _____ State _____

Vehicle #2: Year _____ Make _____ Model _____ Color _____
 License # _____ State _____

MISCELLANEOUS INFORMATION:

Do you have any pets? Yes No How many? _____ Breed: _____

Has any household member ever been convicted of any drug offense? Yes No
 If yes, who: _____ Explain: _____

Has any household member ever been convicted of a felony? Yes No
 If yes, who: _____ Explain: _____

Does anyone in the household currently have any felony charges pending against them? Yes No
 If yes, who: _____ Explain: _____

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 information provided on this application and my/our signature is my/our consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We consent to the release of the necessary information to determine my/our eligibility. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community.

I/We hereby offer \$ _____ as a non-refundable application fee. If I/We do not meet any of the Resident Selection Criteria, my/our application will be rejected and my/our application fee WILL NOT be refunded.

SIGNATURES:

_____/_____/_____
 Applicant Date

_____/_____/_____
 Additional Adult Household Member Date

_____/_____/_____
 Agent for Landlord Date

OFFICE USE ONLY	Lease Charges	Date completed	Initials
Lease Charges Attached: Yes / No Printed copy for each charge/credit:			
Concession Offered(s):			
Discount Offered(s):			
Utility Package Included: Yes / No			
Furniture Package: Yes / No			
WD Rental: Yes / No			
Application Fees Paid: Yes / No			
Security Deposit Paid Yes / No			
Pet Fee Required Yes/ No			
Lease Term Offered: 12 Month			
Application Processed in RESMAN	Yes / No		
Credit Report Reviewed & Attached:	Yes / No		
Landlord Reference Faxed & Attached:	Yes / No		
Income Verification Faxed & Attached or Copy of 1 month's recent paystubs Collected & Attached:	Yes / No		
Social Security Number/ Driver's License/ Military ID verified:	Yes / No		
Proof of Renter's Insurance: Attached:	Yes / No		
Manager Approval:	Yes / No		

RESIDENT SELECTION CRITERIA

For Greenbrier Management Company

NON-DISCRIMINATION – GREENBRIER MANAGEMENT COMPANY ADHERES TO ALL FEDERAL, STATE AND LOCAL FAIR HOUSING LAWS, WHICH FORBID DISCRIMINATION BASED ON RACE, COLOR, CREED, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, ELDERLINESS OR NATIONAL ORIGIN.

Greenbrier Management Company utilizes the following Resident Selection Criteria to determine if applicants are qualified to become residents at our apartment communities.

- 1) **PRESENT AND PAST EMPLOYMENT & INCOME VERIFICATION** - Confirmation of all information provided by applicant is required.
- 2) **PRESENT AND PAST CREDIT REPORTS** – A credit report will be processed on each applicant.
 - a) The absence of a credit file will result in a “Conditional” opinion that requires further Rental and Employment verification.
 - b) Some circumstances may require a co-signer and/or additional security deposit.
 - c) An unsatisfactory credit report can disqualify an applicant from renting an apartment home at this community. An unsatisfactory credit report is one that reflects past or current bad debts, late payments or unpaid bills, liens, judgments or open bankruptcies.
 - d) If an applicant is rejected for poor credit history, the applicant will be given the name, address and telephone number of the credit-reporting agency that provided the credit report, as required by the FCRA.
 - e) The content of any credit reports will not be released from management.
 - f) An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of the credit report from the credit reporting agency, correct any erroneous information that may be on the report, and re-submit an application to this community.
 - g) A foreign citizen with no social security number may be accepted if they have a current ‘Resident Alien’ card issued by the US Department of Justice. On the card will be a picture of the person; date of birth; alien number; expiration date; signature and finger print.
- 3) **PRESENT AND PAST RENTAL HISTORY** – Confirmation of good rental history is required. An affirmative answer to any of questions one through five on the Rental verification form will result in denial of the rental application.
- 4) **STANDARD CRIMINAL RECOMMENDATIONS** – The use of a criminal background check improves the quality of the resident profile, and may help to eliminate problem applicants. An applicant will be denied if any of the following criminal related activities appears in a criminal check.
 - a) Any Felony conviction
 - b) Any Misdemeanor conviction involving a crime against persons or property
 - c) Any terrorism-related conviction
 - d) Any drug-related conviction Two DUI’s
 - e) Any prostitution-related conviction
 - f) Any sex-related conviction
 - g) Any cruelty to animals-related conviction
 - h) Any of the above related charges resulting in “Adjudication Withheld” and/or “Deferred Adjudication”
 - i) Active status on probation or parole resulting from any of the above

NOTE: A rental applicant may be approved with a drug related felony or misdemeanor conviction only if there have been no convictions within 10 years of the date of application and only if the applicant has no record of violence or distribution of controlled substances regardless of how long ago the conviction occurred. In addition, the applicant must pass all other portions of the screening criteria including credit, rental history, employment, income, etc.

CURRENT DRUG OR ALCOHOL ABUSE – Any current use of an illegal drug will be grounds for rejection of your application. Any evidence of alcohol abuse, which manifests conduct that poses a direct threat to the health or safety of other residents, will be grounds for rejection of your application.

- 5) **MISREPRESENTATION** – This category includes any willful misrepresentation by the applicant in the application procedure for the apartment.
- 6) **OCCUPANCY STANDARDS** – You will be allowed two persons per bedroom and one additional person per den in the apartment units unless local, State or Federal building code guidelines provide a more stringent limitation.

If it is determined that any occupant who is expected to reside in the apartment falls within any one of the preceding categories, the applicant may be disapproved for admission. Should you have a question about our Resident Selection Criteria, or any questions about the selection process, please do not hesitate to ask the Community Manager who will be pleased to assist you. Thank you for your interest in Greenbrier Management Company.

Applicant Signature

Date

APARTMENT RESERVATION FORM

Reservation is hereby made for dwelling at _____

_____ for occupancy on _____. A deposit of _____ is made for reserving the apartment, the deposit to be applied to security deposit on the apartment upon signing a lease in the event the dwelling is available on the date desired. If I do not lease the same, the deposit will be forfeited. It is also understood that if I cancel the reservation at any time the deposit will be forfeited.

I understand that if I am unable to enter into any occupy the dwelling 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 cause or reason beyond the direct control of the Lessor, the Lessor shall not be liable in damages to the resident therefore, but not during the period I am unable to occupy the dwelling, the rental shall be abated. If Lessor is not able to deliver procession of the dwelling within five (5) days of the commencement date above, I may cancel and terminate the lease and the deposit will be refunded within ten (10) day.

Receipt is hereby acknowledged for a **non-refundable** credit application fee in the amount of \$_____.

Date of Application

Signature

Present Telephone Number

Signature

LANDLORD REFERENCE

To: _____

Re: _____

The individual(s) referenced above has made application to Salem View Apartments.
The applicant(s) consent to the release of information pertaining to his/her history while residing
at _____.

We would appreciate your cooperation in completing the information requested below and
returning it to us by email to salem@greenbriermc.com or by fax to (540) 562-0386.

Applicant Signature

Applicant Signature

Greenbrier Management Agent

Rented from _____ to _____

Monthly Rent Amount: \$ _____

Number of late payments: _____

Number of late payments in the last 12 month: _____

Number of returned checks: _____

Number of Lease Violations or Material Non-Compliances: _____

Please explain any Material Non-Compliance: _____

Number of Unlawful Detainers: _____

Was proper notice to vacate given? _____

Any damages to the apartment: _____

Was security deposit refunded? _____

Does this person currently owe you money? _____

Amount Owed \$ _____

Do you have any judgements against this person? _____

Amount of Judgment \$ _____

ADDITIONAL COMMENTS: _____

Name of Person completing this form: _____

Date: _____ Signature & Title: _____

INCOME VERIFICATION FORM

Employer: _____ Applicant: _____

ATTN: _____ SSN: _____

I hereby authorize the release the following requested information to Salem View Apartments.

Applicant Signature

To Whom It May Concern:

The above noted applicant has applied for an apartment at Northridge Village Apartments. We would appreciate your cooperation in completing the information requested below and returning it to us by email to saalem@greenbriermc.com or by fax to (540) 562-0386.

Sincerely,

Date

Manager

EMPLOYMENT VERIFICATION:

Length of Service: From _____ to _____.

Full-time / Part-time (circle one)

Permanent / Temporary (circle one)

Salary: \$ _____ per _____

By: _____
Signature Title Date

Printed Name Phone Number