

THE ALEXANDER

at South Virginia

APPLICATION PACKET

WE WILL NEED THE FOLLOWING ITEMS FROM YOU IN ORDER TO BEGIN PROCESSING YOUR APPLICATION

- COMPLETED APPLICATION
- SIGNED RENTAL HISTORY VERIFICATION
- COPY OF DRIVERS LICENSE OR ID
- \$35 APPLICATION FEE – CASHIER’S CHECK OR MONEY ORDER
- \$100 HOLDING DEPOSIT TO RESERVE AN APARTMENT – SEPARATE CASHIER’S CHECK OR MONEY ORDER

INCOME VERIFICATION (MINIMUM 2.5X THE RENT)

- IF YOU ARE EMPLOYED:
 - SIGNED EMPLOYMENT VERIFICATION
 - LAST 4 CONSECUTIVE PAYSTUBS
- IF YOU ARE STARTING A NEW JOB:
 - COPY OF YOUR OFFER LETTER STATING YOUR START DATE AND SALARY
- IF YOU RECEIVE ALTERNATE INCOME:
 - LAST 6 MONTHS OF BANK STATEMENTS SHOWING A BALANCE AND/OR DEPOSITS AT LEAST 2.5X THE RENT
- IF YOU ARE SELF EMPLOYED:
 - COPY OF YOUR MOST RECENT TAX RETURN





Rental Application

PERSONAL INFORMATION

(Page 1 of 3)

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	OTHER NAMES USED IN LAST 10 YEARS	EMAIL ADDRESS
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE AND STATE ISSUED	CELLULAR TELEPHONE #
PRESENT ADDRESS		HOME TELEPHONE #
CITY, STATE, ZIP		

PRESENT ADDRESS IS (CHECK ONE)

Own Home Parents Home Rented Home Rented Apartment Student Housing Other _____

IF RENTING: PRESENT LANDLORD OR APARTMENT COMMUNITY: / IF OWNED: NAME OF MORTGAGE COMPANY

ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY	STATE	ZIP	TELEPHONE #
MONTHLY PAYMENT	HOW LONG? TO / FROM DATES	REASON FOR MOVING	

PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS) TO / FROM DATES

CITY	STATE	ZIP	TELEPHONE #
------	-------	-----	-------------

PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY (IF LESS THAN TWO YEARS AT PRESENT ADDRESS)

ADDRESS OF PREVIOUS LANDLORD / APARTMENT COMMUNITY / MORTGAGE COMPANY

CITY	STATE	ZIP	TELEPHONE #
MONTHLY PAYMENT	HOW LONG? TO / FROM DATES	REASON FOR MOVING	

HAVE YOU LIVED IN AN RPM COMPANY COMMUNITY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHICH ONE? (INCLUDE CITY)	WHEN?
--	---------------------------	-------

MOTOR VEHICLES (INCLUDE CARS, TRUCKS, MOTOR CYCLES)	YEAR	COLOR	LICENSE PLATE #	STATE
1.				
2.				
3.				

LIST ALL OTHER PERSONS TO OCCUPY THE APARTMENT, INCLUDING BIRTH DATES (IF 18 YEARS OR OLDER, MUST COMPLETE SEPARATE APPLICATION AS AN APPLICANT)

NAME	BIRTH DATE	NAME	BIRTH DATE
NAME	BIRTH DATE	NAME	BIRTH DATE
NAME	BIRTH DATE	NAME	BIRTH DATE

LIST PETS: (ACCEPTING OF PETS REQUIRES CONSENT FROM MANAGEMENT)

BREED	NAME	WEIGHT	AGE
1.			
2.			

EMPLOYMENT INFORMATION

(Page 2 of 3)

EMPLOYER			MONTHLY GROSS INCOME
EMPLOYER ADDRESS			
CITY	STATE	ZIP	TELEPHONE #
POSITION	TYPE OF WORK		HOW LONG?
SUPERVISOR'S NAME AND POSITION			SUPERVISOR'S TELEPHONE #

FORMER EMPLOYER (IF LESS THAN TWO YEARS AT CURRENT EMPLOYER)			
ADDRESS			
CITY	STATE	ZIP	TELEPHONE #

OTHER SOURCE OF INCOME	WHEN RECEIVED	AMOUNT
TOTAL MONTHLY INCOME		

BANK AND CREDIT REFERENCES

NAME OF FINANCIAL INSTITUTION	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan	ACCOUNT #	
ADDRESS			
CITY	STATE	ZIP	TELEPHONE #

CREDIT REFERENCE NAME	<input type="checkbox"/> Credit Card <input type="checkbox"/> Loan	ACCOUNT #	
ADDRESS			
CITY	STATE	ZIP	TELEPHONE #

PERSONAL REFERENCES

NAME OF NEAREST RELATIVE	RELATIONSHIP		
ADDRESS			
CITY	STATE	ZIP	TELEPHONE #

EMERGENCY CONTACT	RELATIONSHIP		
ADDRESS			
CITY	STATE	ZIP	TELEPHONE #

OTHER INFORMATION

Do you or do any of your occupants have charges pending against you or against them for any criminal offense(s)? Applicant Yes No Occupants Yes No

Have you or have any of your occupants ever been convicted of, or pleaded guilty or no contest to, any criminal offense(s) Or had any criminal offense(s) disposed of other than by acquittal or a finding of "not guilty"? Applicant Yes No Occupants Yes No

If "Yes" to either of the above questions, give details and dates: _____

Any litigation, such as; evictions, suits, judgments, bankruptcies, foreclosures, etc.? Yes No If "Yes", give details and dates: _____

PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information – Applicant represents that all of the above statements are true and correct. Applicant hereby authorize verification of all of the above information, references and credit records, and release from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete, or misleading information herein may constitute grounds for rejection of the application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of the State. Applicant agrees to the “Application Fees/Deposit Agreement” below.

I DECLARE THE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY. I acknowledge and agree that the Lease agreement contemplated may not be executed or that the owner, manager or agent of the apartment community may terminate such agreement without further notice if such agreement is executed based upon reliance upon any false or misleading statement made herein. Because damages would be difficult or impossible to ascertain, the reservation deposit in the amount shown below will be retained as liquidated damages upon confirmation of false information or if applicant fails to cancel or complete the Lease agreement on or before Lease Start Date. If applicant completes the rental agreement on or before this date the reservation deposit shall be held by RPM Company as part of their escrow deposit. If the applicant cancels the agreement within 72 hours of the acceptance date (see below) or if the applicant is not approved by RPM Company, the reservation deposit shall be returned within 30 days from the date of cancellation or non-approval.

APPLICATION FEE/DEPOSIT AGREEMENT

In consideration for Owner taking the dwelling unit off the market while considering approval of this Application, the following fees/deposits must be paid at the time this Application is submitted:

Non-Refundable Admin Processing Fee (per applicant) \$ _____ Reservation Deposit (per apartment) \$ _____
Amount Paid \$ _____

GUIDELINES, STANDARDS AND QUALIFICATIONS

RPM Company and it’s representatives will NOT discriminate against any person based on race, color, religion, sex, national origin, familial status or disability.

Maximum Occupancy Standard:

Two (2) persons per bedroom plus one (1) maximum occupancy (i.e. 2 bedroom = 5 persons, 2+2+1=5)

Rental Guidelines:

1. **AGE REQUIREMENTS:** Lease holder(s) must be 18 years or older. All occupants 18 years or older must complete an application.
2. **EMPLOYMENT HISTORY/VERIFICATION:** Lease holder(s) must be on current job at least one full year or prior job must be minimum of one year and must provide one month of pay stubs for verification of income
3. **SELF-EMPLOYMENT:** Lease holder(s) must provide copy of previous year’s personal tax returns and copies of personal bank statements for the last 3 months.
4. **INCOME:** Income must be at least 2.5x the amount of the rental rate for the purposed apartment to occupy.
5. **RESIDENCY:** Must provide 1 year of current verifiable rental history from a property management company, real estate company or mortgage company. Private owner accepted only if proof of payment can be furnished, i.e. canceled checks. NO Evictions.
6. **IDENTIFICATION:** All applicants must provide proof of identification with a current/unexpired government issued photo identification (ex. State Driver’s License, I.D. Card or Military I.D.) and social security card or equivalent, Section 8 Voucher or any other HUD Program information (if applicable) for copying.
7. **CREDIT REQUIREMENTS:** Credit should be in good standing, with no outstanding judgments. Bankruptcies must be re-established for two years with strong employment and rental history. Bankruptcy must not include foreclosure on a home or prior apartment. A copy of your credit report is available to you upon request.

I understand and authorize Owner’s agent to obtain a credit report and a criminal background report. I understand that any negative finding on my credit or criminal background reports, including any one felony conviction, or any two misdemeanor convictions, will not be acceptable for approval of my rental application.

Applicant Date Accepted By Acceptance Date



VERIFICATION OF RENTAL HISTORY

Date: ____/____/____

Community: _____

Attn: _____

Phone #: () _____ - _____

Fax #: () _____ - _____

From: _____ (Agent for THE ALEXANDER)

Telephone #: (775) 852-4040 Fax #: (775) 852-4041

Subject: Verification of Present/Former Resident

Name: _____

Address: _____

I hereby authorize the release of my rental history/information:

Signature of Applicant Date

INFORMATION BEING REQUESTED:

- 1. Move-In Date: ____/____/____ Move-Out Date: ____/____/____
- 2. Was a 30-Day Notice to Vacate submitted: YES / NO
- 3. Rental Rate: \$_____
- 4. Number of persons on the lease: _____
- 5. # of late payments: _____ # of returned checks (NSF): _____
- 6. Any Complaints: YES / NO _____ Pets: YES / NO _____
- 7. Would you re-rent to this person: YES / NO _____
- 8. Damages to Unit: YES / NO _____
- 9. Comments: _____

Completed by: _____

Title: _____ Date: ____/____/____



VERIFICATION OF EMPLOYMENT

Date: ____/____/____

Company: _____

Attn: _____

Fax: () _____ - _____

From: _____ (Agent for THE ALEXANDER)

Telephone #: (775) 852-4040 Fax #: (775) 852-4041

Subject: Verification of Present/Former employment information supplied by an applicant

Name: _____ SSN: XXX- XX- _____

Address: _____

INFORMATION BEING REQUESTED:

- 1. Employed since: ____/____/____ - ____/____/____ Current: [] YES [] NO
Occupation: _____
- 2. Base Pay Rate: \$ _____
Salary: \$ _____ (per month) Hourly rate: \$ _____
Average hours worked per week: _____ Average weeks worked per year: _____
Date present rate effective: ____/____/____ Next increase due: ____/____/____
- 3. Overtime Pay Rate: \$ _____
Expected average number of overtime hours to be worked per week during the next 12 months: _____
- 4. Other Compensation (specify for commissions, bonuses, tips, etc.)
For _____ \$ _____ Per _____
For _____ \$ _____ Per _____
- 5. Total base pay earnings past 12 months \$ _____
Total overtime earnings past 12 months \$ _____
Total other compensation past 12 months \$ _____

RELEASE: I hereby authorize the release of requested information. Information obtained under the consent is limited to information that is no older than 12 months. If there are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNATURE

DATE