

Rental Application

Every occupant over the age of 18 **MUST** fill out an application (even if married). Please fill out this form **COMPLETELY** and sign where indicated. If married, primary applicant fills out all sections, other occupants fill out sections A, E, F, G, and H.



Sect. A, Personal Information

First Name	Middle	Last	SS# -- --
Date of Birth / /	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married Since <input type="checkbox"/> Divorced Since	Drivers License # State	
Phone - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone - - Ext. <input type="checkbox"/> Home <input type="checkbox"/> Work	E-mail	
Present Home Address			City/State/Zip
Length of Time	Present Landlord	Landlord Phone - -	
Reason for Leaving	Amount of Rent	Is your present rent up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Home Address			City/State/Zip
Length of Time	Previous Landlord	Landlord Phone - -	
Reason for Leaving	Amount of Rent	Was your previous rent up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Sect. B, Proposed Occupant(s)

Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age
Name	Relationship	Occupation	Age

Sect. C, Proposed Pet(s)

Name	Type/Breed	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age
Name	Type/Breed	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age
Name	Type/Breed	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Age

Sect. D, Vehicle(s) Information

Year	Make	Model	Color	Plate #	State
Year	Make	Model	Color	Plate #	State
Year	Make	Model	Color	Plate #	State

Sect. E, Employment

Current Employer	Occupation	Hours/Week /
Supervisor	Phone - - Ext.	Years Employed
Address	City/State/Zip	
Previous Employer	Occupation	Hours/Week /
Supervisor	Phone - - Ext.	Years Employed
Address	City/State/Zip	

Sect. F, Income

Current Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly	Source	Proof on Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly	Source	Proof on Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly	Source	Proof on Income <input type="checkbox"/> Yes <input type="checkbox"/> No

Sect. G, Emergency Contact Information

Emergency Contact	Phone - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone - - <input type="checkbox"/> Home <input type="checkbox"/> Work
Relation	Address City/State/Zip	
Emergency Contact	Phone - - <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone - - <input type="checkbox"/> Home <input type="checkbox"/> Work
Relation	Address City/State/Zip	

Sect. H, Applicant Questionnaire/Authorization

Has applicant ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever been convicted of a crime other than a traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been subject to an eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has applicant ever been delinquent or late on a rental or house payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever moved owing rent or damage on a former residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the total move in amount currently available (rent and deposits)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant understand that all utilities must be turned on in their name before move in date? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no pets are shown on the application, does the applicant understand that any future pets would have to be approved, a fee paid, rent adjusted, and may be rejected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant understand that they are required maintain renters insurance that includes protection for their personal belongings and personal liability insurance of no less than \$300,000 for the duration of the lease? Proof of coverage is required to be provide to the landlord. <input type="checkbox"/> Yes <input type="checkbox"/> No	

All information is true, accurate, and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATON ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

X _____ / /
Applicant Signature Date

Scott Hill Rentals

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