

Foxcroft Village Apartments

600 Foxcroft Avenue
Martinsburg, West Virginia 25401
Office: (304) 263-3323
Fax: (304) 262-9220
Email: foxcroftvillageapts@frontier.com

Residential Rental Application

FOR OFFICE USE ONLY: Date _____ Agent _____
Property Address _____ Unit No. _____ Rent \$ _____

TO THE APPLICANT: We sincerely thank you for your application. Please help us promptly process this application by clearly completing all of the required information.

Date of Application _____ Desired Move-In Date _____
Type and Size of Unit Wanted (No. of Bedrooms, etc.) _____
How Did You Hear About Our Property? _____

PERSONAL INFORMATION

Applicant's Full Name _____	Date of Birth _____	
Social Security No. _____	Home Phone _____	
Driver's License No. & State _____	Work Phone _____	
E-mail Address _____	Cell Phone _____	
Full Names of All Other Residents	Relationship to You	Date of Birth

RESIDENCE HISTORY

PRESENT ADDRESS _____

Telephone _____ At Present Address/Date From: _____ To: _____

Present Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____

At Previous Address / Date From: _____ To: _____

Previous Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

PRESENT STATUS: Employed Full-Time Part-Time Not Employed Retired Student

PRESENT EMPLOYER: (or most recent) _____

Employer's Address _____

Telephone _____ Dates Employed / From: _____ To: _____

Position Held _____ Department _____

Supervisor _____ Gross Monthly Income \$ _____

PREVIOUS EMPLOYER: _____

Previous Employer's Address _____

Telephone _____ Supervisor _____ Dates Employed / From: _____ To: _____

IF STUDENT, LIST SCHOOL _____ School Telephone _____

Present Grade Level _____ Expected Date of Graduation _____

BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH _____ Telephone _____

Checking Account No. _____ Savings Account No. _____

Loan Account No. _____ Monthly Payment \$ _____

BANK NAME & BRANCH _____ Telephone _____

Checking Account No. _____ Savings Account No. _____

Loan Account No. _____ Monthly Payment \$ _____

CREDIT REFERENCE _____ Telephone _____

Address _____ Account No. _____

CREDIT REFERENCE _____ Telephone _____

Address _____ Account No. _____

CREDIT REFERENCE _____ Telephone _____

Address _____ Account No. _____

OTHER REFERENCE _____ Telephone _____

Address _____

CO-APPLICANT INFORMATION

Co-Applicant's Full Name _____ Date of Birth _____

Social Security Number _____ Driver's License No. & State _____

CO-APPLICANT'S EMPLOYMENT: Employed Full-Time Part-Time Not Employed Retired Student

CO-APPLICANT'S EMPLOYER: (or most recent) _____

Employer's Address _____

Telephone _____ Dates Employed / From: _____ To: _____

Position Held _____ Supervisor _____ Gross Monthly Income \$ _____

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____

Make / Model _____ Year _____ Color _____ Tag No. / State _____

Make / Model _____ Year _____ Color _____ Tag No. / State _____

Other Car, Motorcycle, etc. _____

HOW MANY PETS DO YOU OR OTHER OCCUPANTS OWN? _____

Kind of Pet, Breed, Weight, and Age _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No

Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No

Been sued for damage to rental property? Yes No Declared Bankruptcy? Yes No

Comments / Explanation _____

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____ Telephone _____

Amount \$ _____ Per _____ Source _____ Telephone _____

IN CASE OF PERSONAL EMERGENCY, NOTIFY _____

Relationship _____ Address _____

Home Phone _____ Work Phone _____

AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING:

In considering this application from you, management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize management to verify any references that you have listed. In addition, you authorize management to obtain a consumer credit report. A credit check will appear on your consumer credit report as an inquiry.

Signed _____ Date _____

Signed _____ Date _____