

**Residential Rental Application**

Please complete the entire application and submit with a copy of your driver's license, copy of your Social Security Card, copy of two month's of payroll check stub, and Application Fee to **Amy Coffin at: PO BOX 723, Lorton, Virginia 22199. Office phone:703-928-2160** **Each applicant will need to fill out this form in its entirety:**

Applicant Name \_\_\_\_\_

Current Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_ Birthday: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Occupants (List each prospective occupant, including children)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Current Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Previous Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Five Years of Rental History needed. If you are unable to provide five years, please explain why:**

\_\_\_\_\_

Current Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position \_\_\_\_\_ Start Date \_\_\_\_\_

Yearly Salary \_\_\_\_\_ Monthly pay \_\_\_\_\_ Do you have 2 months of pay stubs: Yes / No

Previous Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Yearly Salary \_\_\_\_\_ Monthly pay \_\_\_\_\_ Do you have 2 months of pay stubs: Yes / No

**Three Years of Employment History needed. If you are unable to provide a three years, please explain why:**

\_\_\_\_\_

Reoccurring monthly debt: *Examples - car loan, credit cards, child support, alimony*

Amount: \_\_\_\_\_ Description \_\_\_\_\_

Amount: \_\_\_\_\_ Description \_\_\_\_\_

Amount: \_\_\_\_\_ Description \_\_\_\_\_

Amount: \_\_\_\_\_ Description \_\_\_\_\_

Emergency Contact Information (Please provide two emergency contacts).

Name #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (w) \_\_\_\_\_

Name #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (w) \_\_\_\_\_

Bank Name \_\_\_\_\_

Other Income not listed \_\_\_\_\_ Source \_\_\_\_\_

Vehicles to be parked on property

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_

Have you ever been evicted? YES NO (If yes, please explain)

Have you ever broken a lease? YES NO (If yes, please explain)

Have you ever been convicted of a felony or misdemeanor? YES NO (If yes, please explain)

Applicant represents that the above information is true and complete. Applicant gives Amy & Chris Coffin permission to use this form to validate information provided. Applicant also gives permission to run background check and credit history. Applicant also understands that additional information may be required to complete application process.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date