

# Salem Wood Apartments

100 Kimball Avenue  
Salem, VA 24153  
Ph: 540-389-4711  
Fax: 540-387-9087

Marketing Associate: _____
Date returned: _____
Time returned: _____ am/pm
App.Fee: _____ <input type="checkbox"/> Paid
Deposit: _____ <input type="checkbox"/> Paid
Restoration Fee _____ <input type="checkbox"/> Paid

MANAGEMENT SERVICES CORPORATION APPLICATION



**-OFFICE USE ONLY-**

Type of unit desired:	Expected move-in date:	Apartment number assigned:
Monthly rent:	Date lease begins:	Date lease ends:

**PERSONAL INFORMATION**

Full Legal Name:	Email Address:	Date of Birth:
Social Security No.:	Driver's License No.:	Make of auto and Tag No.:
Home Phone:	Work Phone:	Cell Phone:
Present Address:		
City/State/Zip Code:		
Landlord/Mortgagee Name:	Phone:	
How long have you lived at this address?:	Do you rent? Own?	Monthly Payment:
Previous Landlord/Mortgagee Name: (If current is less than two years)		

**SPOUSE'S INFORMATION**

Name:	Email Address:	Date of Birth:
Social Security No.:	Driver's License No.:	Make of Auto and Tag No.:

Do you have any pets? \_\_\_\_\_ If yes please list breed, weight, and age: \_\_\_\_\_

**Emergency Contact:** (Please list the person you would like us to notify in case of an emergency situation):

Name: \_\_\_\_\_ Their relationship to you: \_\_\_\_\_  
Address/Phone No.: \_\_\_\_\_

**Credit Information:** Where do you bank? \_\_\_\_\_  
Address: \_\_\_\_\_ Checking/Savings/Loan Account #: \_\_\_\_\_

**Please complete the information below for any other persons that will be occupying the apartment:  
(Anyone over the age of 18 must fill out separate application)**

- 1) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 4) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Present Employer:	Position:	Length of Employment:
Immediate Supervisor:	Phone No.:	Salary: \$ _____ per
City/State/Zip		
Previous Employer (if less than 2 years):	Position:	
Immediate Supervisor:	Phone No.:	Salary: \$ _____
Spouse's present Employer:	Position:	Length of Employment:
Immediate Supervisor:	Phone No.:	Salary: \$ _____
City/State/Zip		
Previous Employer (if less than 2 years):	Position:	
Immediate Supervisor:	Phone No.:	Salary: \$ _____

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Management expressly reserves the right to reject any application on the basis that an applicant has been convicted by a court of competent jurisdiction of the illegal manufacture, distribution, possession or current use of a controlled substance as defined under applicable federal or state law. Management reserves the right to reject any application on the basis that an applicant has a prior record of a criminal conviction(s) that involved a threat to the health or safety of other individuals. Management reserves the right to reject any application on the basis that an applicant poses a clear and present threat of substantial harm to others or to the dwelling, or property, itself. Management reserves the right to request a copy of applicant(s) Criminal History Record at any time during the application process or residency (if application is approved) at Salem Wood Apartments.

I hereby authorize Salem Wood Apartments to request a copy of my Criminal History Record at any time during the application process or my residency at Salem Wood Apartments. Further, I understand and agree that I will reimburse Salem Wood Apartments for the exact cost of requesting Criminal History Record check.

**Have you ever been charged with, pleaded guilty to, have been convicted of, and/or do you have any record of any conviction involving harm to persons or to property? Yes \_\_\_\_\_ No \_\_\_\_\_**  
 If yes, explain by indicating the date, nature of any charge, and/or of any conviction. Also, please state the location in which this act(s) was committed, the location in which the charge and/or conviction was filed and rendered, and the sentencing issued as a result thereof.

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**MILITARY INFORMATION (if applicable)**

Rank:		Branch:	
Station:	Serial No.:	Commanding Officer:	

**LEGAL ALIENS – 12/30/02**

Non-U.S. citizens who have entered the United States legally are eligible to apply for residence at Salem Wood Apartments. In order to qualify, the individual(s) must provide the necessary documentation to verify their legal status, satisfy the current rental criteria and complete the Non-U.S. citizen supplemental application.

A visa is proof that a prospect has legally entered the U.S. Check the expiration date to see if the date falls within the lease term. If the visa is expired (or will expire shortly) ask for documentation that the prospect has requested a visa extension. Every non-U.S. citizen who is legally in the United States for an extended period of time has been issued an alien registration number. Obtain this number at the time of application.

**Are you and co-applicant citizens of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_**  
 (If the answer is no, please fill out the Non-U.S. Citizen Supplemental Application)

- 1) Price subject to change without notice pending full lease execution.
- 2) An application fee is hereby made in the amount of \$\_\_\_\_\_. I understand and acknowledge that if this application is not accepted, or if I cancel in writing within 72 hours of acceptance, all monies less a \$\_\_\_\_\_ application fee will be returned, in accordance with the Virginia Residential Landlord and Tenant Act, Section 55-248.6:1 In all other cases, any monies paid (including restoration fees) will be forfeited to cover expenses and /or loss of rent incurred by Landlord for my failure to occupy the premises or cancel within 72 hours of application approval.
- 3) Upon the signing of this application, payment of fees, and subsequent approval of applicant(s) request(s) that the type of rental unit described be removed from those units available for rental. Applicant(s) understand(s) that this application for rental, if approved, becomes part of the lease agreement, even in the event a lease is not signed.
- 4) I/We certifies that I/We are above legal age and that the above information is true and correct to the best of my/our knowledge. I/We hereby authorize owner or agent to verify any and all information as may be deemed necessary for approval or rejection of this application. I/We understand that any lease agreement made on the basis of the above information may be terminated at any time at owner/agent’s option if the information provided herein is found to be false.

**A copy of the criteria used to determine an applicant’s eligibility to rent (“Salem Wood Rental Criteria”) is available upon request.**

The Lease Agreement was entered into based upon the representations of Resident(s) contained in the Rental Application. If any of those representatives are found to be misleading, incorrect or untrue, Landlord may immediately terminate this Lease Agreement and notify Resident(s) to vacate the Premises.

<b>Signature:</b>	<b>Spouse’s Signature:</b>	<b>Date:</b>
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THIS APPLICATION       APPROVED       NOT APPROVED  
 BY \_\_\_\_\_

If not approved, specify reasons(s) \_\_\_\_\_

Applicant Notified By (Name) \_\_\_\_\_ Date and Time Notified \_\_\_\_\_  
 Notified By:  Letter     Telephone     Fax     In Person