

BIRCHWOOD APARTMENTS
RENTAL APPLICATION
395 Chapman Road
Wytheville, VA 24382
276-228-5985

Rec'd by _____ Date _____

Today's Date _____ Date Apt. Needed _____ Requesting: One bedroom ___ or Two bedroom ___

Applicant

Full name of applicant _____

Present Address _____

Telephone number (home) _____ (work) _____ (cell) _____

D.O.B. _____ Social security # _____ Driver's license _____

Are you a U.S. Citizen? Yes _____ No _____

Applicant's employment

Name of present employer _____

Address _____

Position _____ Date started _____ Monthly income _____

Supervisor's name _____

Name of previous employer _____

Address _____

Position _____ Date started _____ Monthly income _____

Supervisor's name _____ Phone _____

Do you receive any other supplemental income? Yes ___ No ___ Type _____ Amount _____

Spouse

Full name of spouse _____

Present Address _____

Telephone number (home) _____ (work) _____ (cell) _____

D.O.B. _____ Social security # _____ Driver's license _____

Are you a U.S. Citizen? Yes _____ No _____

Spouse's employment

Name of present employer _____

Address _____

Position _____ Date started _____ Monthly income _____

Supervisor's name _____

Name of previous employer _____

Address _____

Position _____ Date started _____ Monthly income _____

Supervisor's name _____ phone _____

Do you receive any other sources of income? Yes ___ No ___ Type _____ Amount _____

Other Occupants: Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____

Present Landlord or Mortgage Company

Previous Landlord or Mortgage Company _____
Telephone Number (home) _____ (work) _____
Monthly rent or mortgage payment _____ Date of move-in _____ Date of move-out _____

Previous Landlord or Mortgage Company

Previous Landlord or Mortgage Company _____
Telephone Number (home) _____ (work) _____
Monthly rent or mortgage payment _____ Date of move-in _____ Date of move-out _____

Personal References

Name _____ Phone _____ Address _____
Name _____ Phone _____ Address _____
Name _____ Phone _____ Address _____

Emergency

In case of emergency contact _____ Relationship _____

NO PETS ON PREMISES

NO SMOKING ON PREMISES Smoker _____ Non-Smoker _____

Vehicles

List vehicles to be parked at premises: _____
Make Model Year Color
Make Model Year Color

Credit History

Bank name _____ Phone _____
Address _____ Checking account number _____
List all credit obligations with minimum monthly payments: _____

Criminal History

Have any of the occupants listed above ever been:
Convicted of a felony? _____ Received deferred adjudication for a felony? _____ Been evicted? _____
Broken a lease? _____ Declared bankruptcy? _____. If yes to any above questions, please list on back of form.

The above listed applicant declares that all statements made in this application are true and complete. Applicant hereby authorizes **Management Enterprises Company** to verify all information in this application and obtain credit reports on the above listed applicant and/or applicant's. If applicant or applicant's spouse has given any false information, Landlord is entitled to reject application

Signature of Applicant _____ Date _____
Signature of Spouse _____ Date _____

