

FORT TAR ASSOCIATES LLC

HELPFUL INFORMATION FOR SUBMITTING YOUR RENTAL APPLICATION

Thank you for looking to Fort Tar Lofts for your next home. The following information will help us in processing your rental application as quickly as possible:

1. ***Please fill out the rental application in its entirety and don't forget to sign it. Please sign the Landlord Verification form as well.***
2. Along with your application, please submit an application fee made payable to Fort Tar Associates LLC in the amount of \$25.00 for each individual listed on the application. You will also need to provide us with a recent credit report.
3. Within 24 hours after your rental application is approved, you must present us with a Certified Check or Money Order made payable to Fort Tar Associates LLC in the minimum amount equal to one month's rent as your Security Deposit. If the funds are not received within that time frame, the premises will be returned to the rental market.
4. Income guideline: your monthly gross income should be at least 3 times the rent amount (i.e., monthly rent amount is \$800.00; monthly gross income should be \$2,400.00 or more).
5. Roommate guideline: each adult applicant (except married couples), shall qualify individually. Sorry, we don't combine your incomes to make the minimum income guideline.
6. We will need a copy of your photo ID, including your social security number.
7. We will need your current, as well as former landlord's name, address and phone number. If you now own your home, we will need mortgage information. We will also need documentation regarding your plans for that home (i.e., copy of listing for sale, copy of sales contract, copy of lease agreement).
8. CIVILIANS: We will need your current employer information as well as copies of your recent pay stubs. If you have been on the job less than 6 months, your former employer's information will be needed.
NOTE: If you are **self-employed**, we will need your tax returns for the previous two (2) years.
9. MILITARY PERSONNEL: We will need a copy of your most current LES and a copy of your current transfer orders.
10. If you are relying on "other" income, i.e., Social Security benefits or Child Support, we will need a copy of the document stating your benefits.

The Property Manager whose property you are applying for will process your application. Your credit history, criminal history, landlord references and your employer references will be evaluated in qualifying you to rent the property. If we receive all information needed and it can be verified easily, the application process will normally take 24 to 48 hours. We will contact you immediately upon completing the process to discuss the results with you. Thank you!

Fort Tar Associates LLC, 2601 Granby St, Norfolk, VA 23517 - (757) 416-5862 - (757) 416-5835 (Fax)

NOTES:

FORT TAR ASSOCIATES LLC

Application for Tenancy

All sections must be completed legibly. *Incomplete applications will not be processed.*

I would like to apply to rent Unit _____ located at Fort Tar Lofts, 1001 Monticello Ave., Norfolk, VA 23510 beginning _____ for a term of _____ at \$ _____ per month.

PERSONAL INFORMATION

Name: _____
(Mr/Mrs/Ms/Miss) First Middle Last (Sr/Jr/ 1st/2nd)

Social Security #: ____/____/____ Date of Birth: ____/____/____ Relationship to Co-Applicant: _____

Current Address: _____
Street City State Zip

Phone: (H): _____ (W): _____ (C): _____

E-mail Address: _____

Current Landlord: _____ Landlord Phone: _____

Dates at this address: From _____ to _____ Monthly Rent: _____

Do you have a lease: Yes _____ No _____ Expiration Date: _____ Notice given: Yes _____ No _____

Former Address: _____
Street City State Zip

Former Landlord Name: _____ Former Landlord Phone: _____

Dates at former address: From _____ to _____ Monthly Rent: _____

EMPLOYMENT INFORMATION

Present Employer: _____

Address: _____
Street City State Zip

Occupation: _____ Phone: _____

Supervisor: _____ How long there: _____

Salary: _____ (Wk/Mo/Yr) Other Income: _____ Source: _____

IF EMPLOYED LESS THAN A YEAR, PLEASE COMPLETE THIS SECTION

Former Employer: _____

Address: _____
Street City State Zip

Occupation: _____ Phone: _____

Supervisor: _____ How long there: _____

IF MILITARY, PLEASE COMPLETE THIS SECTION

Duty Station: _____

Rate/Rank: _____ Phone: _____

Commanding Officer: _____ Home of Record: _____

IN CASE OF EMERGENCY, NOTIFY: (Must be someone who does not reside with you)

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____
Street City State Zip Phone: (____) _____

CREDIT/DEBT INFO:

OUTSTANDING DEBTS	MONTHLY PYMT	OUTSTANDING DEBTS	MONTHLY PYMT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
TOTAL OF MONTHLY PAYMENTS:			\$ _____

Bank: _____ Acct #: _____

Address: _____

LIST ALL OTHER PERSONS WHO WILL OCCUPY THE PROPERTY:

_____ DOB: _____ Relationship: _____ SSN: _____
 _____ DOB: _____ Relationship: _____ SSN: _____
 _____ DOB: _____ Relationship: _____ SSN: _____
 _____ DOB: _____ Relationship: _____ SSN: _____

VEHICLE TYPE: _____ Year: _____ License #: _____ State: _____

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OTHER:

Maximum of 2 pets per apartment. No large, aggressive animals. The combined weight of any two (2) pets may not exceed fifty-five (55) pounds and the weight for any one individual pet cannot exceed thirty-five (35) pounds).

Do you have any Pets? Y ____ N ____ How many?: _____ Type and size (weight): _____
Type and size (weight): _____

Neutered/Spayed? Y _____ N_____ Age of all pets: _____

Do you have any unpaid judgments or collections? Y _____ N_____

Have you filed Bankruptcy in the last 3 years? Y _____ N_____

Are you now being or have you ever been evicted? Y _____ N_____

Have you ever been convicted of a crime? Y _____ N_____

If you answered Yes to any of the above, please explain: _____

Renter's Insurance? Y _____ N_____ With Whom? _____

Do any occupants have special needs? Y _____ N_____ If yes, please explain: _____

Applicant hereby authorizes Agent to verify all information and to conduct credit and criminal background checks. Applicant certifies that information given is true and accurate to the best of Applicant's knowledge. Should Applicant withhold or provide false information, this application and any lease entered into based on this information may be voided immediately. Application fee must be received with application made payable to Fort Tar Associates LLC and is NON-REFUNDABLE.

Self employed persons must submit a copy of the previous two (2) years tax returns for purposes of income verification.

If this application is approved and Applicant fails to enter into a lease agreement, any deposit paid by Applicant may be retained. The application deposit must be presented in certified funds and received IN FULL made payable to Fort Tar Associates LLC with application or within 24 hours after application is approved or the Premises will be returned to the rental market.

No representations, promises, or agreements as to occupancy or date of possession have been made and this application shall not be construed as a lease or agreement therefore.

Applicant acknowledges that Agent represents the Landlord/Owner and signatures below indicate this fact has been disclosed. Agent adheres to all applicable Federal and State Fair Housing and Equal Housing Opportunity Laws.

All properties which permit pets require payment of a pet deposit and/or fee made payable to Fort Tar Associates LLC. Minimum deposits/fees are \$200.00 per pet.

SIGNATURE: (required for processing)

Applicant's Signature: _____

Phone number where applicant may be contacted: _____

Application fee received: \$_____ Check/M.O./Certified Check #: _____

Received by: _____ Date/Time of Application: _____

THIS SECTION TO BE COMPLETED BY APPLICANT

LANDLORD VERIFICATION

TO: (Name and address of Landlord) _____ Date: _____

Landlord Phone Number: _____ / Fax Number: _____

E-Mail: _____

Applicant Name: _____

Current Address: _____

Applying to rent property located at: Fort Tar Lofts, 1001 Monticello Ave., Norfolk, VA 23517

I hereby authorize release of my rental history/information.

Signature of Applicant: _____ Date: _____

The individual named directly above is an applicant of a rental housing that requires verification of rental payment history and care of rental property. The information provided will remain confidential and will be used for the stated purpose only. Your prompt response is crucial and greatly appreciated.

Sincerely:
Fort Tar Associates LLC
Property Manager

Return Form To: Fort Tar Associates LLC
2601 Granby St.
Norfolk, VA 23517

THIS SECTION TO BE COMPLETED BY LANDLORD

Dates of Residency? Lease from _____ to _____

Amount of monthly rent \$ _____ Number of returned checks: _____

Do they pay their rent on time? Yes ___ No ___ If not, how many times late? _____

Proper move-out notice given? Yes ___ No ___ Notice given by: Tenant ___ Landlord ___ Reason? _____

Were there any deductions from their security deposit? Yes ___ No ___ Please comment: _____

Do they have an outstanding balance? Yes ___ No ___ If so, how much? \$ _____

Would you rent to them again? Yes ___ No ___ Please comment: _____

If pets, any problems? (i.e.: odor, fleas, damage, etc.) Yes ___ No ___ Please comment: _____

Did you ever take legal action on them? Yes ___ No ___ Please comment: _____

Landlord's Signature

Landlord's Printed Name

Date