



707 East Jefferson Street • Charlottesville, Virginia 22902
Phone 434-977-2650 • Fax 434-977-2652
www.alcovaproperties.com

RENTAL REQUIREMENTS

(All requirements must be met for applicant approval.)

1. A \$30 application fee will be required to process each rental application. The application fee is non-refundable for any reason.
2. All applicants must be at least 18 years of age or older and must each fill out separate applications.
3. All applicants must have ESTABLISHED, CURRENT and SATISFACTORY credit reports.
4. All previous rental references must be satisfactory.
5. Income requirements: (full-time students do not need to meet income req.)
 - a. single applicants – rent must not exceed 34% of the gross monthly income. Rent + long-term debt must not exceed 42% of gross monthly income.
 - b. Two or more applicants – rent must not exceed 28% of the gross monthly income. Rent + long-term debt must not exceed 36% of the gross monthly income.
6. If a bankruptcy has occurred in the past, there must be at least two years of satisfactory credit following the bankruptcy.
7. We will not accept the application if the applicant(s) has either:
 - a. Willfully, or intentionally refused to pay rent when due.
 - b. Been evicted from tenancy.
8. Applicant must fully complete application. Incomplete applications will not be processed.
9. Upon acceptance of application, applicants will immediately pay the landlord/agent the full sum required for the security deposit and sign the lease agreement.
10. Landlord/agent reserves the right to choose the cable T.V. provider.

Alcova Properties, Inc.
707 East Jefferson Street
Charlottesville, Virginia 22902
(434) 977-2650 FAX (434) 977-2652

Rental Application

.....
FULL NAME _____

Phone (____) _____ Date of Birth _____

SS# _____

Name of Co-Applicant _____

Names and Ages of Dependents _____

Pets (#, weight and breed) _____

CURRENT
ADDRESS _____

Month & Year Moved In _____ Reason for Leaving _____

Owner/Agent and Phone # _____ (____) _____

PREVIOUS
ADDRESS _____

Month & Year Moved In _____ Reason for Leaving _____

Owner/Agent and Phone # _____ (____) _____

PREVIOUS
ADDRESS _____

Month & Year Moved In _____ Reason for Leaving _____

Owner/Agent and Phone # _____ (____) _____

CURRENT
EMPLOYER _____

Month & Year Started _____ Employed as _____

Supervisor's Name and Phone # _____ (____) _____

Salary\$ _____ Per _____

PREVIOUS
EMPLOYER _____

Month & Year Started and Stopped _____ Employed as _____

Supervisor's Name and Phone # _____ (____) _____

Please list all sources of income including: rental income, social security, child support, alimony, investment income, public assistance and part-time income.

Source _____

Amount _____

VEHICLE INFORMATION

Make/Model _____ Year _____ Tag # _____ State _____ Color _____

Make/Model _____ Year _____ Tag # _____ State _____ Color _____

Others _____

HAVE YOU EVER: Filed for bankruptcy? _____ NO _____ YES
 Been evicted from tenancy? _____ NO _____ YES
 Been convicted of a felony or misdemeanor? _____ NO _____ YES
 Willfully or intentionally refused to pay rent
 when due? _____ NO _____ YES

Please give any additional information which might help management evaluate this application:

If management has any questions about this application, please give us phone numbers where you can be reached:

DAY # () _____
 NIGHT# () _____

Name, Address and Phone # of nearest friend or relative in case of emergency:

I RECOGNIZE THAT AS A PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, ALL INFORMATION SUPPLIED HEREIN AND REFERENCES GIVEN MAY BE VERIFIED AS TRUE AND CORRECT. THESE VERIFICATIONS MAY INCLUDE, BUT ARE NOT LIMITED TO, CREDIT CHECKS, EMPLOYMENT AND INCOME VERIFICATIONS, AND CURRENT/PREVIOUS RENTAL REFERENCES.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT **ALCOVA PROPERTIES, INC. IS A LICENSED REAL ESTATE AGENCY IN THE STATE OF VIRGINIA**, IS AN AGENT FOR AND OWES PRIMARY RESPONSIBILITY TO THE PROPERTY OWNER.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant _____ Date _____

How did you hear about ALCOVA PROPERTIES INC? _____

Applicant: Do Not Write Below This Line

Applicant Approved? _____ Applicant Denied? _____ Date Processed? _____



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Rental Verification

****Please sign the bottom of this form. Our office will then have it filled out by your current/previous Landlord or Management Company****

TENANT'S NAME: _____

ADDRESS: _____

TERM OF RESIDENCY: _____

RENT AMOUNT: _____

OF **30 DAY** LATE PAYMENTS IN THE PAST 12 MONTHS: _____

ANY NEIGHBOR COMPLAINTS? _____ NO _____ YES

IF YES, NATURE OF COMPLAINT:

WOULD YOU RENT TO HIM/HER AGAIN? _____ NO _____ YES
IF NOT, WHY?

SIGNATURE OF RENTAL REPRESENTATIVE: _____

BY SIGNING THIS FORM PERMISSION IS GRANTED TO SUPPLY THIS INFORMATION:

SIGNATURE: _____ DATE: _____

PLEASE CALL OR FAX BACK TO ALCOVA PROPERTIES, INC.
PHONE # (434) 977-2650 FAX # (434) 977-2652