

Alcova Properties, Inc.
1134 East High Street, Unit B
Charlottesville, Virginia 22902
(434) 977-2650 Fax (434) 977-2652

Mailing Address: 536 Pantops Center, Box 401
Charlottesville, Virginia 22911

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:**
 - 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.**

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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 employment.

Source _____

Amount _____

VEHICLE INFORMATION _____

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

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

Others _____

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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