



APPLICATION FOR RESIDENCY

CONVENTIONAL HOUSING

F&W Management Corporation
P O Box 20809, 3130 Chaparral Drive
Suite 200, Roanoke, VA 24018-0525 540-774-1641

Community Name Whipple Drive Apartments

Date

Do you request any housing modifications? Yes No If so, what reasonable modification would be required?

How did you hear about us? Newspaper Driving By From One of Our Residents Apartment Directory/Rental Guide Other

Who will occupy

Please Print:

Name: Last First Middle Date of Birth
Social Security Number Home Phone # E-Mail Address

Name(s) of Roommate(s)

Address information

Present Address:

City/state Zip

At Present Address: Rent: Own: How long have you lived there yrs months

What is your rental/mortgage payment?

Landlord Name/Address Phone

Previous Address

Have you lived at any other F&W managed apartment communities? City/state Zip

Income of occupants

Presently Employed By Name Address

Local Business Phone: Position/ Dept.:

Employment Verification Phone Income:

If not employed, source of income or Surety Name:

Type Monthly Income

Credit Reference: (List stores, credit cards, etc.)

Table with 4 columns: Name, Account Type, Location, Balance

Bank Reference:

Table with 5 columns: Name, Checking Account, Savings Account, Location/Phone, Name on Account

Vehicle Information

Please complete if you own any of the following:

Table with 5 columns: Make, Model, Year, Financed by/Address, License No.

Application continued on back

Emergency Contact: (This section must be completed)

Name	Street	City/State	Phone	Relationship

Statement

The applicant states and represents that the information provided in this application is complete and accurate. Applicant authorizes verification of any and all information contained in this application and releases all concerned from any liability in connection with information given. You have the right to make a written request within 30 days for a complete and accurate disclosure of additional information concerning the nature and scope of this application.

I/ we understand that if deposit is accepted by management, I understand that I may withdraw my application within 48 hours for any reason with a full refund of deposit. After 48 hours, the deposit will be forfeited to liquidating damages.

Signature

Date

Co-applicant Signature

Date

Pet -- Keeping of a pet requires consent of management, payment of applicable fees/deposit, and execution, Pet Addendum. Pets are only allowed on some properties -- ask the manager for details.

Waterbeds require consent of management and insurance certification — ask the manager for details.
For Office Use Only

Dates of verification of credit _____ (report attached)

Date of verification of rental history _____

If verbal:
Landlord Name _____
Telephone _____
Comment _____

Date of verification of employment _____

If Verbal:
Company _____
Telephone _____
Person verifying _____
Length of employment _____

Percent of income to rent _____
[(Rental rate ÷ (income less current obligations)]

Amount of Security Deposit _____ Rec.# _____
Pet Deposit _____ Rec.# _____

Amount of Rental Rate _____

Special Offered _____

Comments _____

Application approved by _____

Disapproval _____ Signature _____ Date _____

Waiting List _____ Apt.# _____ Occ.# _____

Referred by _____



EQUAL HOUSING OPPORTUNITY