☐ Copy of Driver's License

100 Ivy Drive
Charlottesville, Virginia 22903
(434) 296-5587

APPLICATION FOR TENANCY

Name _____ S. S. No. _____ Age _____
First Middle Last

Spouse's Name _____ S. S. No. _____ Age _____

Marital Status _____ No. Children _____ Ages _____

How Many Persons Will Regularly Occupy Unit? _____ No. Cars _____

Present Address: _____ Dates of Residency: _____

City _____ State _____ Zip _____ Telephone (_____) _____

Landlord/Rental Agent _____ Telephone (_____) _____

Address _____ City _____ State _____ Zip _____

Previous Address: _____ Dates of Residency _____

City _____ State _____ Zip _____

Landlord/Rental Agent _____ Telephone (_____) _____

Address _____ City _____ State _____ Zip _____

CURRENT OCCUPATION _____ SALARY _____ Date of Employment _____

Employer _____ (_____) _____ Supervisor _____
Name Address Phone

SPOUSE'S OCCUPATION _____ SALARY _____ Dates of Employment _____

Employer _____ (_____) _____ Supervisor _____
Name Address Phone

STUDENT _____ GRADUATE SCHOOL OF: _____ GRADUATION DATE _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____
Name Relationship

_____ (_____) _____ (_____) _____
City State Zip Home Telephone Business Telephone

REFERENCES: (PLEASE SPECIFY TYPE OF ACCOUNT)

Credit: _____ Type Acct.: _____ Location _____

Credit: _____ Type Acct.: _____ Location _____

Personal _____ (_____) _____
Name Address Phone

Years Known _____ Relationship _____

Have You Ever: Filed For Bankruptcy? _____ NO _____ YES _____ DATE

Evicted From Tenancy? _____ NO _____ YES _____ DATE

Reason: _____

APPLICATION FEE: $20.00 (Non-Refundable)

BACK-OUT FEE AFTER LEASE IS SIGNED: Entire Deposit Retained (Prior To Move-In)

I/We Warrant All Information Listed Above Is True And Do Hereby Authorize The Release Of This Information To The Management Of Ivy Gardens For The Purpose Of Verification.

_____ _____ _____ _____
Signature Date Spouse's Signature Date

FOR OFFICE USE ONLY:

SECURITY DEPOSIT REQUIRED: _____ Amt. Paid With Application _____ Date: _____

Balance Due Prior To Lease _____ Date Deposit Paid In Full _____

Unit No. _____ Size _____ Location _____ U / F Monthly Rent _____

Lease Dates From _____ To _____ Prorated Rent: First Month _____ Last Month _____