



Gordonsville Preservation Associates, LLC

Residential Rental Application

(Please fill out completely)

Today's Date: _____ Date of Anticipated Move-in: _____

Application is hereby made to Gordonsville Preservation Associates, LLC (Owner) for rental of the following premises:
_____ (Address).

Monthly Rent: _____ Security Deposit: _____

Applicant #1

Full Name of Applicant _____ Email _____
Telephone Number (Home) _____ (Cell) _____
Present Address _____
D.O.B. _____ Social Security # _____ Driver's License # _____

Applicant #1 Employment

Name of Present Employer _____
Address _____
Position _____ Date Started _____ Monthly Income _____
Supervisor's Name _____ Phone _____
Name of Previous Employer _____
Address _____
Position _____ Date Started _____ Monthly Income _____
Supervisor's Name _____ Phone _____
Other Sources of Income _____

Applicant #2

Full Name of Applicant _____ Email _____
Telephone Number (Home) _____ (Cell) _____
Present Address _____
D.O.B. _____ Social Security # _____ Driver's License # _____

Applicant #2 Employment

Name of Present Employer _____
Address _____
Position _____ Date Started _____ Monthly Income _____
Supervisor's Name _____ Phone _____
Name of Previous Employer _____
Address _____
Position _____ Date Started _____ Monthly Income _____
Supervisor's Name _____ Phone _____
Other Sources of Income _____

Present Landlord or Mortgage Company

Present Landlord or Mortgage Company _____
Telephone Number (Home) _____ (Work) _____
Monthly Rent or Mortgage Payment _____ Date of Move-in _____ Date of Move-out _____

Previous Landlord or Mortgage Company

Previous Landlord or Mortgage Company _____
Telephone Number (Home) _____ (Work) _____
Monthly Rent or Mortgage Payment _____ Date of Move-in _____ Date of Move-out _____

PO BOX 190 • GORDONSVILLE, VA 22942

PHONE (540) 832-7171 • FAX (540) 832-3298 • GordonsvilleForRent.com



Gordonsville Preservation Associates, LLC

Personal References

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Emergency

In Case of Emergency Contact _____

Relationship _____ Phone _____

Occupants

List All Occupants:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

List Vehicles to be Parked at Premises:

Make _____ Model _____ Color _____ Year _____ Plate _____ State _____

Make _____ Model _____ Color _____ Year _____ Plate _____ State _____

Make _____ Model _____ Color _____ Year _____ Plate _____ State _____

Credit/Criminal History

Bank Name _____ Phone _____

Address _____

Checking Account Number _____

Have any of the occupants listed above ever been: Convicted of a felony? _____ Received deferred adjudication for a felony? _____ Been evicted? _____ Broken a lease? _____ Declared bankruptcy? _____

The above applicant(s) declares that all statements made in this application are true and complete. Applicant hereby authorizes Gordonsville Preservation Associates, LLC to verify all of the information in this application and obtain credit reports on the above-listed applicant and/or applicants. Applicant shall give Landlord a nonrefundable application fee in the amount of \$35 per adult.

This application is preliminary only and does not oblige Owner to execute a Lease or deliver possession of the proposed premises.

Applicant #1_____
Date_____
Applicant #2_____
Date