

# S & K Apartments

## RENTAL APPLICATION

separate application required for each adult

Desired Locations:      Wytheville      Rural Retreat      Charlottesville (Eagles Landing)

Desired Move-in Date:      Desired Term:      One Year      Two Years      Other:

---

### PERSONAL INFORMATION

First Name:      MI:      Last Name:      Date of Birth:

E-mail:      Phone:      Social Security Number:

---

#### All Other Proposed Occupants:

1) First Name:      Last Name:      Date of Birth:      Relationship:

2) First Name:      Last Name:      Date of Birth:      Relationship:

---

#### Emergency Contact:

Full Name:      Phone:      Relationship:  
Street:      City:      State:      Zip:

---

### OCCUPANTS' VEHICLES

Vehicle #1 Make:      Model:      Year:

Vehicle #2 Make:      Model:      Year:

---

### RENTAL HISTORY

Current Address:      City:      State:      Zip:

Owner/Manager:      Phone:      Move In Date (m-yr):

Reason for Moving:

---

Former Address:      City:      State:      Zip:

Owner/Manager:      Phone:      Move In Date (m-yr):

Reason for Moving:      Out Date (m-yr):

---

### EMPLOYMENT HISTORY

(If unemployed, enter your sources of income.)

Current Employer:      Position:      Start Date (m-yr):

Phone:      City:      State:

---

Former Employer:      Position:      Start Date (m-yr):

Phone:      City:      State:      End Date (m-yr):

# CREDIT INFORMATION

Current Gross Income:

Per:

Week

Month

Year

---

Type of Credit Card:

Amount Owed:

Monthly Payment:

---

Vehicle Loan Co.:

Amount Owed:

Monthly Payment:

---

Other Creditors:

Amount Owed:

Monthly Payments:

---

## MISCELLANEOUS

Explain any "Yes" answers below:

|                                     |     |    |
|-------------------------------------|-----|----|
| Do you have pets?                   | Yes | No |
| Do you smoke?                       | Yes | No |
| Will you have a water bed?          | Yes | No |
| Were you ever evicted?              | Yes | No |
| Were you convicted of a felony?     | Yes | No |
| Have you ever filed for bankruptcy? | Yes | No |

---

## PERSONAL REFERENCE

Full Name:

Phone:

Relationship (not a relative):

Address:

City:

State:

Zip:

---

I, the applicant listed above, affirm that all information provided above is true. I understand that my lease agreement may be terminated if I have made any false or misleading statements in this application. I authorize verification of all information provided in this application, including financial and credit information, via credit bureaus, contact with current and previous employers, current and previous landlords, and personal references.

Sign by typing your full legal name here or by one of the methods provided by Adobe

Date:

Print the completed application and mail to S&K Apartments, 1630 W Ridge St, Wytheville, VA 24382-1527, or save and email it as an attachment to [Manager@WytheApartments.com](mailto:Manager@WytheApartments.com).