

**Fremac Apartment Associates, LLC  
T/A Apple Blossom Apartments  
P.O. Box 4334  
Virginia Beach, Virginia 23454  
757.425.1515 (Office) • 757.839.3170 (Cell) • 757.481.2276 (Fax)**

**RENTAL APPLICATION**

Your rental application is part of your lease. Please contact Ruth at 757-839-3170 if you have any questions. Mail to the above address with: 1) copies of your two (2) most recent paystubs, 2) a photo ID, and 3) a money order payable to "Apple Blossom Apartments."

Welcome! We appreciate your application and suggestions to make Apple Blossom Apartments better.

Date: \_\_\_\_\_ Date Apartment is desired: \_\_\_\_\_  
 Apartment Type (circle one): 1 Bedroom 2 Bedroom Rent quoted: \_\_\_\_\_  
 Circle apartment type: Upstairs Downstairs No preference  
 Water-view apartments are \$25.00 extra per month. No. of Adults \_\_\_\_\_ No. of children \_\_\_\_\_  
 Referred by (Circle One): Virginian Pilot Craigslist Sign Organization Section 8 Internet  
 Tenant \_\_\_\_\_ (Name) Other \_\_\_\_\_

For the purposes of procuring rental of the herein described premises, the undersigned furnishes the following as true, full, and accurate as of the date given. **PLEASE PRINT CLEARLY.**

Last Name	First Name	Middle Name	Spouse's name
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D/O/B	SSN#	Driver's License#	Cellular telephone #
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Present Address	City/State/Zip	Length of residence
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Present Landlord	Address	City/State/Zip	Telephone #	Fax #
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Prior Address	City/State/Zip	Length of residence
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**Employment Information:**

Current Employer	Position	Address	City/State/Zip
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Telephone #	Fax #	Email Address
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Current Supervisor's Name	Length of employment	Salary
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Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ City/State \_\_\_\_\_ Phone # \_\_\_\_\_ Length of employment \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Spouse's Current Employer \_\_\_\_\_ Position \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Current Supervisor's Name \_\_\_\_\_ Length of employment \_\_\_\_\_ Salary \_\_\_\_\_

**Name(s) of Child(ren):** \_\_\_\_\_ **Circle one:** M F D/O/B: \_\_\_\_\_ **Check One:** Live with you \_\_\_\_\_ Visit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ M F D/O/B: \_\_\_\_\_ Live with you \_\_\_\_\_ Visit \_\_\_\_\_  
\_\_\_\_\_ M F D/O/B: \_\_\_\_\_ Live with you \_\_\_\_\_ Visit \_\_\_\_\_  
\_\_\_\_\_ M F D/O/B: \_\_\_\_\_ Live with you \_\_\_\_\_ Visit \_\_\_\_\_

Babysitter Name \_\_\_\_\_ Phone # \_\_\_\_\_

**NOTE: NO PETS ARE ALLOWED. ANY PERSON LIVING IN THE APARTMENT MUST BE ON THE LEASE. ABSOLUTELY NO SMOKING IN THE APARTMENT AND/OR APARTMENT BUILDING IS PERMITTED.**

**Financial Information:**

Checking Account # \_\_\_\_\_ Bank \_\_\_\_\_

Savings Account # \_\_\_\_\_ Bank \_\_\_\_\_

Debit Card # \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Balance Due \_\_\_\_\_

**Credit References:**

Car Loan Lender \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Balance Due \_\_\_\_\_

Account \_\_\_\_\_

Credit Card (circle): Visa Mastercard Discover Monthly Payment \_\_\_\_\_ Balance Due \_\_\_\_\_

Account # \_\_\_\_\_

Alimony/Child Support \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Balance Due \_\_\_\_\_

Garnishments \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Balance Due \_\_\_\_\_

Student Debt \_\_\_\_\_

**Additional Income/Amount:**

Food Stamps \$ \_\_\_\_\_ Social Service \$ \_\_\_\_\_ Section 8 \$ \_\_\_\_\_ % of Rent \_\_\_\_\_

Social Security \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ IRA \$ \_\_\_\_\_

Inheritance \$ \_\_\_\_\_

**Automobile(s):**

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

License Plate # \_\_\_\_\_ State \_\_\_\_\_ VIN # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

License Plate # \_\_\_\_\_ State \_\_\_\_\_ VIN # \_\_\_\_\_

Do you own any of the following? Circle all that apply Boat Trailer Camper Grill Bicycle Truck  
Will be kept on premises? Yes No

**In Case of Emergency: Relative**

\_\_\_\_\_  
Name Address City/State/Zip Telephone #/Email

**In Case of Emergency: Friend**

\_\_\_\_\_  
Name Address City/State/Zip Telephone #/Email

**Circle Yes or No for each:**

Smoker: Y N Illegal Drug Use: Y N Sex Offender: Y N  
Felony: Y N Misdemeanor: Y N Weapon/Gun owner: Y N  
DWI Y N Knives Y N

I hereby authorize the owner/agent/representative of these premises to verify any statements made herein, obtain a credit report from any credit-reporting agency, and interview third parties (i.e. family members, business associates, financial sources, friends, neighbors). This inquiry includes information as to character, general reputation, and mode of living. To verify above statements, I hereby direct persons named above to give any requested information concerning myself, hereby waiving all rights to action for consequences as a result of such information. False or omitted information can void the lease or cause you to lose your deposit. **Pay all application fees, deposits, rent, and water and sewer by money order for the first month only. No cash accepted. Mail all future personal checks or money orders to: Fremac Apartments Associates, T/A Apple Blossom Apartments, P.O. Box 4334, Virginia Beach, VA 23454.**

\_\_\_\_\_  
Applicant Signature Print Name Date

\_\_\_\_\_  
Applicant Signature Print Name Date

\_\_\_\_\_  
Applicant Signature Print Name Date

A deposit of \$\_\_\_\_\_ is given towards the security deposit of \$\_\_\_\_\_. This is required by the Rental Agreement. The deposit will be returned within thirty (30) days if the application is not accepted. With the signing of this application, we will withdraw the apartment from the market and not offer it to another person. For this reason, if you fail to sign the Rental Agreement and/or you fail to move in on time after your application is accepted, \$250.00 or more of your deposit will be applied to any costs/damages incurred by Apple Blossom Apartments per week until the apartment is re-rented. Any excess will be returned to you.

In addition to the above deposit, a non-refundable fee of \$\_\_\_\_\_ is hereby accepted to cover the expense of verifying the above information through credit agencies and other sources named herein.

Owner/Agent/Representative's Initial \_\_\_\_\_, RKS                      Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Amount of Rent: \_\_\_\_\_ **Guarantor on Rental Agreement if net income is below \$1850.00 monthly.**

Amount of Deposit: \_\_\_\_\_

Application Fee: \_\_\_\_\_ (\$25.00 x \_\_\_\_\_)

Additional Security Deposit: \_\_\_\_\_ pay period 1.

Additional Security Deposit: \_\_\_\_\_ pay period 2.

Water/Sewer: \_\_\_\_\_ (\$35.00 x \_\_\_\_\_)

Grill Deposit (\$30.00): \_\_\_\_\_ Refundable unless damages.

Bicycle Deposit: \_\_\_\_\_ (\$25.00 x \_\_\_\_\_) Refundable unless rules are broken.

Total Paid: \_\_\_\_\_

Amount due: \_\_\_\_\_

Balance: \_\_\_\_\_