

**RENTAL APPLICATION
FOR OFFICE USE ONLY**

APP FEE _____
 GUARANTEE FEE _____
 DATE _____
 CK # _____
 TM# _____
 RC _____
 APPROVAL _____
 DATE APPROVED _____



www.FoxridgeLiving.com

Hethwood
 COMMUNITIES

professionals, graduates, retirees, families and you...

750 Hethwood Blvd., #100-G
 Blacksburg, VA 24060
 540-951-1221 1-800-525-3432

**APARTMENT ASSIGNMENT
FOR OFFICE USE ONLY**

APT. _____
 LSD/LED _____
 RENT _____
 CARPET _____
 SIZE _____
 AMENITY _____
 FURNITURE _____
 PET _____

Name (Please Print) _____ (first) _____ (middle) _____ (last) _____
 Date of Application _____
 Date Apartment Needed _____

Options: Please list a first and second choice

Size:	Floor:	Apartment Location:	Amenities:	Lease:
1br _____	1st enclosed patio _____	Foxridge _____	Washer/Dryer in Apt. _____	New _____
w/den _____	1st walk-out patio _____	Fox Croft _____	Washer/Dryer hook-up _____	Rmmt Chg _____
2br _____	2nd _____	Fox Run _____	Custom Upgrade _____	Sublease _____
w/den _____	3rd _____	Copper Croft _____	Furniture _____	
3br _____		Stroubles Crossing _____		
w/den _____				
4br _____				
w/den _____				

Special Requests: _____

*Resident furnished Washer/Dryer _____
 *Waterbed _____
 *Satellite Dish _____
 (Proof of Insurance Required)

NOTE: FLOOR AND APARTMENT LOCATION WILL BE MATCHED WHERE POSSIBLE: HOWEVER, PREFERENCES ARE NOT BINDING. A \$35.00 application fee must accompany this application. The application fee is non-refundable and applied to the processing cost of the application. If the application is approved; lease must be signed and all monies paid prior to 7 days after receiving lease. A \$35.00 processing fee will be charged for administrative cost upon cancellation, at any time, for any reason. *Residents that are using these items are required to have renters insurance. We strongly recommend that all residents obtain renter's insurance.

PETS: Do you have a pet? Yes No
 Number of pets _____ Breed _____ Weight _____

No pet may exceed 60 lbs. at full grown weight. Location restrictions and breed restrictions apply. No Pit Bulls, Dobermans, German Shepherds, Rotweilers or Chows are permitted. This includes mixed breeds. NO reptiles are allowed. NO EXCEPTIONS. Veterinarian verification of weight is required on all dogs. Only one pet per apartment. No pets allowed at or after move-in without prior agreement to all pet regulations. Any pet not registered with the Welcome Center will result in a \$200.00 illegal pet fine, per pet and per occurrence. Please ask Leasing Consultant for information on additional fees and deposits.

I understand that it is intended the apartment will be ready for occupancy close to requested move-in date. I agree that Foxridge and Hethwood Communities shall not be under any obligation related to approval of this application or for any reason. I further agree that the full security deposit is applied to damages upon cancellation of my apartment. Foxridge and Hethwood Communities cannot assume responsibility for the inability to furnish resident with any apartment on the specified date where construction delays, repairs, holdovers, or the lack of availability prevents us from providing occupancy of the assigned apartment.

LIST COMPLETE NAMES OF ALL OCCUPANTS _____

NOTE: All occupants that are not leaseholders must complete an occupant information form. Occupants are subject to approval by management pending a criminal background check. If the occupant is 18 years or older, a \$25 Occupant Fee per occupant will be required.

Why are you moving? _____
 How did you hear about Foxridge and Hethwood Communities? _____

APPLICANT INFORMATION:

APPLICANT'S SOCIAL SECURITY NUMBER _____ BIRTHDATE _____
VEHICLE INFORMATION: MAKE _____ MODEL _____ YEAR _____ COLOR _____ LICENSE _____
THE PARKING OF TRAILERS, BOATS AND ALL OTHER RECREATIONAL VEHICLES IS PROHIBITED AT FOXRIDGE & HETHWOOD APARTMENTS.
IF STUDENT, WHAT YEAR IN COLLEGE PRESENTLY? _____ WHAT DEPARTMENT? _____
CURRENT ADDRESS (P.O. BOX AND STREET ADDRESS) _____
TOWN, STATE _____ ZIP _____
PHONE _____ EMAIL _____
CURRENT LEASE EXPIRATION DATE _____ WHERE I HAVE LIVED FOR _____ (YRS./MTHS.), WHICH I OWN _____ RENT AT \$ _____
PREVIOUS OR CURRENT OWNER/AGENT AND ADDRESS _____ PHONE _____
GIVE PAST TWO RESIDENCES:

1.) _____
2.) _____

PERMANENT ADDRESS _____ ZIP _____ PHONE _____
MY EMPLOYER IN BLACKSBURG WILL BE _____ POSITION _____
BUSINESS ADDRESS _____
PHONE NUMBER _____ SUPERVISOR _____ INCOME PER MONTH _____

CRIMINAL HISTORY**

- 1. Have you ever been convicted or pleaded guilty or "no contest" to a felony (whether or not resulting in a conviction)? _____
- 2. Have you ever been convicted or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? _____

SPOUSE INFORMATION:

SPOUSE'S SOCIAL SECURITY NUMBER _____ BIRTHDATE _____
GIVE PAST TWO RESIDENCES:
1.) _____
2.) _____

SPOUSE'S EMPLOYER IN BLACKSBURG WILL BE _____ POSITION _____
BUSINESS ADDRESS _____
PHONE NUMBER _____ SUPERVISOR _____ INCOME PER MONTH _____

SPOUSE'S CRIMINAL HISTORY**

- 1. Have you ever been convicted or pleaded guilty or "no contest" to a felony (whether or not resulting in a conviction)? _____
- 2. Have you ever been convicted or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? _____

**GUARANTOR(IF RESIDENT LACKS SUFFICIENT INCOME AND/OR CREDIT HISTORY)
GUARANTOR MUST BE A U.S. CITIZEN AND RESIDE IN THE UNITED STATES**

NAME OF GUARANTOR _____ BIRTHDATE _____
GUARANTOR'S ADDRESS (PO BOX AND STREET ADDRESS) _____
TOWN, STATE, ZIP _____ COUNTY _____
GUARANTOR'S SOCIAL SECURITY NO. _____ PHONE NUMBER _____ RELATION TO RESIDENT _____
GUARANTOR'S EMPLOYER _____
POSITION _____
BUSINESS ADDRESS _____
PHONE NUMBER _____ SUPERVISOR _____

PLEASE NOTIFY MANAGEMENT OF ANY CHANGE IN YOUR APPLICATION (NAME CHANGE, CHANGE IN EMPLOYMENT, VEHICLE CHANGE, ETC.). I hereby state and represent that the information provided by me in this application is complete and accurate. I authorize you to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living. I release all concerned from any liability in connection with any information they give. I acknowledge and agree that in the event I enter into a lease with the owner that the lease may be canceled by the owner in the event any of the information provided by me in this application is materially inaccurate or incomplete. I understand that the policies and regulations are adopted for the benefit of all residents and proper operation of the property. I agree that my residency will be subject to them.
**I authorize HHHunt/Foxridge and Hethwood Communities to do a criminal background check in conjunction with my rental application. I authorize, without reservation, any party or agency contacted by HHHunt/Foxridge and Hethwood Communities to furnish the above-mentioned information. I understand it may take longer than 72 hrs. to qualify my application due to the criminal background check. I also understand that my application may be denied because of the information obtained from the criminal check.

SERIOUS MEDICAL INFORMATION IN CASE OF EMERGENCY _____
IN CASE OF EMERGENCY, PLEASE NOTIFY (NAME) _____
ADDRESS _____
RELATIONSHIP TO APPLICANT _____ EMAIL _____
PHONE: HOME _____ WORK _____

APPLICANT'S SIGNATURE _____ DATE _____
SPOUSE'S SIGNATURE _____ DATE _____