

Application Fee: _____

Jennings Investments, LLC

jenningsinvest@gmail.com

Ph: 540-722-9395

Fax: 540-678-4581

RENTAL APPLICATION

130-1 Imboden Drive, Winchester VA 22603

PO Box 3830, Winchester VA 22604

Application Date ____/____/____

APPLICANT INFORMATION

Basic Information

Last Name	First Name	MI	Birth Date	Social Security #
Any Other Names Applicant Has Used In The Past			Home Phone	Driver's License #
Email Address			Cell Phone	Alternate Phone
All Other Proposed Occupants	Age	Birth Date	Social Security #	Relationship

Employment History

	Current Employment	Previous Employment
Employed By		
Employer's Address		
Employer's Phone		
Position		
Name of Supervisor		
Monthly Gross Pay		
Dates of Employment (From/To)		

Rental/Residence History

	Current Residence	Previous Residence
Street Address		
City, State, Zip		
Last Rent Amount Paid		
Owner/Manager Name		
Owner/Manager Phone Number		
Reason for Leaving		
Is/Was Rent Paid In Full		
Did You Give Notice		
Dates of Residency (From/To)		

Vehicle Information

**Include Vehicles Belonging to Other Proposed Occupants Also

Make	Model	Color	Year	License Plate

General Information

Do any of the people who would be living at the property smoke?	How long do you think you would be renting from us?	When would you be able to move in?	How many pets do you have? (Note: Pet Deposit Required) (List Type, Breed, Weight, Age, Sex)

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CO-APPLICANT INFORMATION

Basic Information

Last Name	First Name	MI	Birth Date	Social Security #
Any Other Names Applicant Has Used In The Past			Home Phone	Driver's License #
Email Address			Cell Phone	Alternate Phone

Employment History

	Current Employment	Previous Employment
Employed By		
Employer's Address		
Employer's Phone		
Position		
Name of Supervisor		
Monthly Gross Pay		
Dates of Employment (From/To)		

Rental/ Residence History

	Current Residence	Previous Residence
Street Address		
City, State, Zip		
Last Rent Amount Paid		
Owner/Manager Name		
Owner/Manager Phone Number		
Reason for Leaving		
Is/Was Rent Paid In Full		
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Dates of Residency (From/To)		

REFERENCES & EMERGENCY CONTACTS

	Nearest Relative Leaving Elsewhere	Contact #2	Contact #3
Name			
Street Address			
City, State, Zip			
Phone Number			

By Signing the application you grant us permission to communicate with all the contacts listed on this section in the event we can't locate you. Furthermore, if you abandon the property for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

AGREEMENT AND AUTHORIZATION SIGNATURE

I believe that the statement I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of the application. I understand that this is an application for a rental property and does not constitute a lease agreement in whole or in part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund even if I do not get the property.

Applicant Signature:		Date:	
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Co-Applicant Signature:		Date:	
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