

*THE FALLS APARTMENTS*  
*APPLICATION INSTRUCTIONS*

1. Complete the entire Application for each adult who intends to sign the lease.
2. Complete the NTN authorization to receive credit information for each adult who intends to sign the lease. Each adult must sign the NTN authorization.
3. Return the completed Application, NTN authorization and \$32 for each adult to:

200 Falls Circle  
Tappahannock, VA 22560

You may mail it or drop it in the mail slot at the office.

Please make checks and money orders payable to "The Falls Apartments".

Thank you,

*The Falls Apartments*



## RENTAL APPLICATION

Please print legibly. The information you provide herein must be accurate and it will be used to decide if we will rent to you.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_

Spouse: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_

Other occupants (including minor children). Only those people listed will be allowed to occupy the property. \_\_\_\_\_  
\_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_  
Street City State/Zip

Current Phone No: \_\_\_\_\_ Other phone \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Phone No. \_\_\_\_\_

Rent \$ \_\_\_\_\_ How long there? \_\_\_\_\_

### EMPLOYMENT:

Current Employer: \_\_\_\_\_ Position/Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_ How long? \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Position/Income: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No: \_\_\_\_\_ How long? \_\_\_\_\_

### VEHICLES: (only 2 vehicles are allowed to be parked on the parking lot)

Vehicle No. 1 Make/Model/Yr. \_\_\_\_\_ License Tag: \_\_\_\_\_

Vehicle No. 2 Make/Model/Yr. \_\_\_\_\_ License Tag: \_\_\_\_\_

### REFERENCES:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_



Have you or your spouse ever :

- |   |     |    |
|---|-----|----|
| 1. been evicted or asked to move out?                         | YES | NO |
| 2. broken a lease?  | YES | NO |
| 3. been late with payment or sued for non-payment or damages? | YES | NO |
| 4. declared bankruptcy?                                       | YES | NO |
| 5. have outstanding judgments?                                | YES | NO |
| 6. been convicted of a criminal offense?                      | YES | NO |

If you answered "yes" to any of the above questions, please explain: \_\_\_\_\_

**PETS:** List pets, if any. Include weight of dogs. (There may be additional deposits/rents for pets).

**THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT TO RENT AN APARTMENT**

I verify the above information is correct and hereby authorize you to make the inquiries you feel necessary to evaluate my tenant, credit and/or criminal history. If I rent a unit from you, I understand the information contained on this form must be true and correct at the commencement of the lease agreement.

Applicant: \_\_\_\_\_

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Application Fee: (Non-refundable): \_\_\_\_\_

Picture ID check made: YES NO



**NATIONAL TENANT NETWORK**  
COMPREHENSIVE TENANT PERFORMANCE REPORTING

**Move-In Form 1**

<i>Tenant 1</i>		<i>Tenant 2</i>	
<input checked="" type="checkbox"/> Last Name		<input checked="" type="checkbox"/> Last Name	
<input checked="" type="checkbox"/> First Name	MI	<input checked="" type="checkbox"/> First Name	MI
<input checked="" type="checkbox"/> Social Security #		<input checked="" type="checkbox"/> Social Security #	
<input checked="" type="checkbox"/> Driver License #	State	<input checked="" type="checkbox"/> Driver License #	State

**Address Applied For**

Street Address		Apartment #
City	State	Zip Code
Move-In Date	/ /	

Rent Amount \$

I certify that the above information is correct and complete and hereby authorize you to make any inquiries you feel necessary to evaluate my tenancy. If I rent the unit, I understand the information contained on this form, move-out form, and rental agreement may be maintained in a tenant database for up to six (6) years after I vacate the premises.

<input checked="" type="checkbox"/> Tenant Signature 1		<input checked="" type="checkbox"/> Tenant Signature 2	
Current Street Address		Former Street Address	
City		City	
State	Zip Code	State	Zip Code

Manager Signature	Subscriber	Access #
-------------------	------------	----------

**National Tenant Network**  
Post Office Box 7316, Hampton, VA 23666  
827-5775 (Peninsula) 827-7769 (Fax) 1-800-640-9095 (Toll free)  
California, Florida, Georgia, Indiana, Kansas, Kentucky, Massachusetts, New Jersey, North Carolina,  
Oregon, Pennsylvania, Virginia, Washington