



Type of unit desired:	Expected move-in date:	Apartment number assigned:
Monthly rent:	Date lease begins:	Date lease ends:

For Office use only.

Management Services Corporation is a Licensed Real Estate Broker in the Commonwealth Of Virginia. Management Services Corporation and its employees work for the owners of the rental properties, which they manage. Many of the employees are Licensed Virginia Real Estate Salespersons and Brokers. Employees of an owner's property are not required to have a Virginia Real Estate Person's License. Any licensed Real Estate Sales Person or Broker will present to you a business card representing his/her status as a Real Estate Sales Person or Broker. Management Services Corporation and the owners that management services represents do business in accordance with the Federal Fair Housing Laws. It is illegal to discriminate against any person because of race, color, religion, sex, national origin, sexual orientation, gender identity, veteran status, handicap, elderliness, source of funds, or familial status.

Si usted no comprende ingles, as necesario que obtenga alguien que traduzca esta noticia. Muchas Gracias.

PERSONAL INFORMATION

Full Legal Name:		E-mail Address:		Date of Birth:	
Social Security No.:		Driver's License No.:		Make of auto and Tag No.:	
Home Phone:		Work Phone:		Cell Phone:	
Are you a United States Citizen Y _____ N _____ If the answer is no, please fill out the Non-U.S. Citizen Supplemental Application					
Present Address:				City/State/Zip Code:	
Landlord/Mortgagee Name:				Phone:	
How long have you lived at this address?				Do you rent/Own	
Previous Landlord/Mortgagee Name: (If current is less than two years)				Monthly Payment:	

SPOUSE'S INFORMATION

Full Legal Name		Email Address:		Date of Birth:	
Social Security No.:		Driver's License No.:		Make of Auto and Tag No.:	
Work Phone:		Cell Phone:			
Are you a United States Citizen Y _____ N _____ If the answer is no, please fill out the Non-U.S. Citizen Supplemental Application					

Please complete the information below for any other persons that will be occupying the apartment:

- 1) Name: _____ Age: _____ Relationship: _____
- 2) Name: _____ Age: _____ Relationship: _____
- 3) Name: _____ Age: _____ Relationship: _____

Emergency Contact: (Please list the person you would like us to notify in case of an emergency situation):

Name: _____ Their relationship to you: _____
 Address _____ City _____
 State/Zip _____ Phone _____
 Email address _____

EMPLOYMENT INFORMATION

Present Employer:		Position:		Length of Employment:	
Immediate Supervisor:		Phone No.:		Salary: \$ _____ per	
City/State/Zip					
Previous Employer (if less than 2 years):				Position:	
Immediate Supervisor:		Phone No.:		Salary: \$ _____	
Spouse's present Employer:		Position:		Length of Employment:	
Immediate Supervisor:		Phone No.:		Salary: \$ _____	
City/State/Zip					
Previous Employer (if less than 2 years):				Position:	
Immediate Supervisor:		Phone No.:		Salary: \$ _____	

