

APPLICATION COVERSHEET

Aaron Mills Apartments
201 Aaron Street
Martinsville, VA 24112

Dear Prospective Resident:

Thank you for your interest in the Aaron Mills Apartments. In order to process your request for residency with our community, please provide the following items:

- A completed rental application.
- A **non-refundable** application fee of \$26.00, *per adult*, which can be presented to management in the form of a Cashier's check or money order. The Cashier's check or money order will need to be made payable to the Aaron Mills Apartments.
- A pictured ID for each adult that will be residing in the apartment.
- A Social Security Card for everyone that will be residing in the household.

Once you complete your application and turn it into the Site Manager, or Mail to:
Landmark Asset Services,
401 East Fourth Street, Suite 203
Winston Salem, NC 27101

you are responsible for notifying management in any address changes, phone number changes, or household changes. If management attempts to contact you by mail in order to schedule a time for you to come in and complete the application or verification process and the mail is returned to the Site Manager, your application will be withdrawn.

Should you have any questions about completing the application or during the application process, please feel free to contact our office at (800) 809-4693.

Thank you,

Management

APPLICATION COVERSHEET



Equal Housing Opportunity



RENTAL APPLICATION



Equal Housing Opportunity



Aaron Mill Apartments
201 Aaron Street
Martinsville, VA 24112
 Phone: 800- 809-4693
 TDD 711

Date of Application: _____

Time: _____

APPLICANT'S LAST NAME: _____ MANAGER INITIALS _____

Bedroom size applied for: 1Br. 2 Br. 3 Br. Handicap

HOUSEHOLD COMPOSITION:

LIST ALL PEOPLE TO OCCUPY APT.			SS#	S E X	DOB	RELATION SHIP	FULL-TIME STUDENT? INCLUDING GRADE SCHOOL (Y/N)
LAST NAME	FIRST	MI				SELF	
Head							
2							
3							
4							
5							

PRESENT ADDRESS: _____ PHONE: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT PRESENT ADDRESS? _____ OWN OR RENT? _____

AMOUNT OF MONTHLY RENT/MORTGAGE: _____ UTILITIES: _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____ PHONE: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT PRESENT ADDRESS? _____ OWN OR RENT? _____

AMOUNT OF MONTHLY RENT/MORTGAGE: _____ UTILITIES: _____

REASON FOR MOVING: _____

RENTAL APPLICATION

GENERAL INFORMATION

HAVE YOU EVER BEEN EVICTED? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

WOULD YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAPPED-ACCESSIBLE UNIT?

Yes No If so, explain: _____ (revision 1 8/11/03)

ANNUAL INCOME INFORMATION:

HOUSEHOLD	SALARY-WAGES	PUBLIC ASSISTANCE	SOCIAL SECURITY	PENSION	CHILD SUPPORT	TOTAL
Head						
2						
3						
4						
5						
Total						

ALL SOURCES OF ASSETS AND INCOME FOR YOUR HOUSEHOLD MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH MEMBER OF YOUR HOUSEHOLD.

ASSETS	APPLICANT		CO-APPLICANT		OTHER APPLICANT		ALL OTHER APPLICANT'S OVER 18		ALL OTHER APPLICANT'S UNDER 18	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Checking Accounts										
Savings Accounts										
Trust Funds										
Real Estate (land, home, property)										
Capital Investment										
Stocks/ Bonds										
Treasury Bills										
Certificate of Deposits										
Money Market Funds										
IRA Accounts										
Retirement/Pension										
Lump Sum Settlements										
Salary/Wages										
Overtime										
Commission/Tips/Bonuses										
Business/Self Employment										
Social Security										
Annuities										
Whole Life Insurance Policies										
Retirement Funds										
Pensions										
Disability/Death Benefits										
Unemployment										

RENTAL APPLICATION

ASSETS	APPLICANT		CO-APPLICANT		OTHER APPLICANT		ALL OTHER APPLICANT'S OVER 18		ALL OTHER APPLICANT'S UNDER 18	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Disability Compensation										
Worker's Compensation										
Severance Pay										
Public Assistance (TANF)										
Alimony										
Child Support										
Recurring Monetary Gifts										
Armed Forces Special Pay/Allowances										

ASSET INFORMATION: LIST ALL ASSET INFORMATION IN EACH SECTION BELOW FOR EACH OCCUPANT

BANK ACCOUNTS:			
HOUSEHOLD MEMBERS NAME	NAME OF BANK	ACCOUNT NUMBER	ACCOUNT BALANCE
REAL ESTATE/OTHER ASSETS:			
HOUSEHOLD MEMBERS NAME	TYPE OF REAL ESTATE	MORTGAGE OR BALANCE	APPRAISED VALUE

Have you disposed of any other assets in the last 2 years? Yes _____ No _____ Market value when sold \$ _____
 If yes, please describe asset(s): _____

Do you have any other assets not listed above (excluding personal property)? Yes _____ No _____
 If yes, describe _____

VEHICLE INFORMATION: List any cars, trucks or other vehicles owned.

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____

RENTAL APPLICATION

APPLICANT/CERTIFICATION

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our only and permanent residence. I/We will not maintain a separate subsidized household elsewhere.

SIGNATURE: _____ (APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) DATE: _____

SPECIAL NOTICE- The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through its Rural Development, and State Agencies that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, ethnicity, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

THIS APPLICATION MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE AND OLDER.

BY SIGNING BELOW APPLICANT AUTHORIZES MANAGEMENT AND ITS STAFF TO VERIFY ANY AGENCIES, LOCAL POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.

APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

SIGNATURE: _____ (APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT 1) DATE: _____

SIGNATURE: _____ (CO-APPLICANT 2) DATE: _____

Applicant

Co-Applicant 1

Co-Applicant 2

Race: _____

Race: _____

Race: _____

Sex: _____

Sex: _____

Sex: _____

Ethnicity: _____

Ethnicity: _____

Ethnicity: _____

Ethnicity Code:

H – Hispanic/Latino

N – Non-Hispanic/Latino