

# The Melrose

## Welcome

We are pleased you have chosen to make Melrose your new home.

Please provide your **\$35.00 application fee(s) per person (18 years & older)** in money orders or cashier's checks , and **\$100.00 initial security deposit is due once approved** in money orders or cashier's checks.

Please provide **4** of your most recent and consecutive paystubs as proof of income and a valid government issued photo I.D.

Application process will begin when you return your application .Please allow 3 to 5 days for processing and approval. Once application is approved, your move in date will be scheduled within 30 days.

Please sign and date your application.

If you have any questions about the process, please ask any one of our staff members for assistance. We will be more than happy to assist you.

Thank you,

The Staff of Melrose Apartments

Office 703-221-3111



# RENTAL APPLICATION

**Dear applicant:**

The information on this form is needed to determine if your household is eligible under Melrose Apartments leasing criteria to reside at our Community. Please complete this entire form and leave no blanks.

How did you hear about our community:  For Rent  the Apartment Guide  the Apartment Showcase

Apartments.com  Craigslist  Other/Referral \_\_\_\_\_

## HOUSEHOLD COMPOSITION

**Relationship = Head of Household, Spouse, Occupant**

**Please list all of the people that will occupy the apartment below. Use a separate application for each lease holder and occupant over 18 years old.**

	Full Name	DL or ID #	Relationship	Date of Birth	F/T=Full Time P/T=Part Time	Social Security Number/ Alien Registration Number	Receiving any source of income?
1					<b>Student Status</b> <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
2					<b>Student Status</b> <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
3					<b>Student Status</b> <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
4					<b>Student Status</b> <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
5					<b>Student Status</b> <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No
6					<b>Student Status</b> <input type="radio"/> F/T <input type="radio"/> P/T <input type="radio"/> N/A		<input type="radio"/> Yes <input type="radio"/> No

Are any of the household members listed above a live-in attendant?  Yes  No If yes, who? \_\_\_\_\_

**Current Residence of Applicant:**

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

How long \_\_\_\_\_ Years \_\_\_\_\_ Mos. Name of Landlord \_\_\_\_\_ Landlord Phone ( ) \_\_\_\_\_

Current amount of rent paid \$ \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

**Previous Address (if Current Address is less than 2 years):**

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

How long \_\_\_\_\_ Years \_\_\_\_\_ Mos. Name of Landlord \_\_\_\_\_ Landlord Phone ( ) \_\_\_\_\_



**CURRENT EMPLOYMENT INFORMATION**

Applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

**SECOND EMPLOYMENT INFORMATION**

Applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

**PREVIOUS EMPLOYMENT INFORMATION**

Applicant's name		Occupation		Work Phone	
Name and Street Address of Employer			City	State	Zip Code
Date Hired	Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

**OTHER SOURCES OF INCOME**

**Does anyone in your household over 18 years of age receive income from any of the following? Please mark "yes" or "no" for each source of income.**

Source	Employment	Check one	Source	Benefits/Pensions	Check one	Source	Other	Check one
Second Job		<input type="radio"/> Yes <input type="radio"/> No	Workers Compensation		<input type="radio"/> Yes <input type="radio"/> No	Grants		<input type="radio"/> Yes <input type="radio"/> No
Bonuses		<input type="radio"/> Yes <input type="radio"/> No	Unemployment		<input type="radio"/> Yes <input type="radio"/> No	Scholarships		<input type="radio"/> Yes <input type="radio"/> No
Tips		<input type="radio"/> Yes <input type="radio"/> No	Alimony		<input type="radio"/> Yes <input type="radio"/> No	Recurring Gifts		<input type="radio"/> Yes <input type="radio"/> No
Commissions/fees		<input type="radio"/> Yes <input type="radio"/> No	Child Support		<input type="radio"/> Yes <input type="radio"/> No	AFDC/ TANF		<input type="radio"/> Yes <input type="radio"/> No
Overtime pay		<input type="radio"/> Yes <input type="radio"/> No	Social Security		<input type="radio"/> Yes <input type="radio"/> No	Other		<input type="radio"/> Yes <input type="radio"/> No

**For each "Yes" marked above, please complete the following:**

Household member name	Amount received	Source
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	
	Salary \$ _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____	

Before returning this form to the management office, be sure that you have marked "yes" or "no" for each source of income and each type of asset. Incomplete forms will delay processing and be returned

Have you or your spouse/roommate ever been evicted? \_\_\_\_ Yes \_\_\_\_ No

Declared Bankruptcy? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a felony or any crime related to harm caused to a person or property, including, but not limited to arson, assault, intimidation, sex crimes, drug-related offenses, theft, dishonesty, prostitution, obscenity and related violations? \_\_\_\_ Yes \_\_\_\_ No Do you have any outstanding warrants for arrest? \_\_\_\_ Yes \_\_\_\_ No

Person to contact in case of emergency:

Name: \_\_\_\_\_ Address \_\_\_\_\_ Hm # \_\_\_\_\_ Wk # \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Hm # \_\_\_\_\_ Wk # \_\_\_\_\_

VEHICLE INFORMATION

License Plate# \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate# \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate# \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_

**NOTE: MANAGEMENT IS NOT RESPONSIBLE FOR DAMAGE TO RESIDENT'S PROPERTY. RESIDENTS ARE STRONGLY ADVISED TO OBTAIN RENTERS INSURANCE TO COVER LOSS OR DAMAGE TO THEIR PROPERTY!**

**DEPOSIT TO HOLD AGREEMENT**

In consideration of management holding the apartment for me, I agree to pay a holding deposit of \$ 100.00 and a non-refundable application fee of \$35.00. I may cancel this agreement (within 72 hours) and be refunded my holding deposit by notifying you of my decision to cancel by 5 P.M. on \_\_\_\_\_, 20\_\_\_\_. Cancellation after this time will result in forfeiture of my holding deposit. Falsifying information on the application will result in forfeiture of my holding deposit. I must pay rent on or before my rent start date or my holding deposit will be forfeited and my apartment rented.

Applicant represents that all of the above statements are true and complete, and hereby authorizes verification of above information, references and credit reports. Applicant acknowledges that false information herein constitutes grounds for rejection of this application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in. Management reserves the right to verify application information after move-in and may convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application. Applicant agrees to the terms of the "Deposit to Hold Agreement". This application is preliminary only and does not obligate owner or owner's representative to execute a lease or deliver possession of the proposed premises.

**Application form must be read filled out completely and signed by all household members 18 and older.**

\_\_\_\_\_  
Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant

Date \_\_\_\_\_

\_\_\_\_\_  
Person accepting application

Date \_\_\_\_\_



**EMPLOYMENT VERIFICATION**

**THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MELROSE**

TO: (Name & address of employer) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_ Applicant/Tenant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Unit # (if assigned) \_\_\_\_\_

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

*The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.*

\_\_\_\_\_  
Project Owner/Management Agent

**Return Form To:**

The Melrose Apartments  
18194 Purvis Drive  
Triangle, VA 22172  
**Fax: 703-221-8807**

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_ Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature \_\_\_\_\_ Employer's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of

the United States as to any matter within its jurisdiction.



The Melrose Apartments  
18194 Purvis Drive  
Triangle, VA 22172  
(703) 221-3111  
(703) 221-8807 Fax

**REQUEST FOR RESIDENT VERIFICATION**

TO: \_\_\_\_\_  
COMPLEX: \_\_\_\_\_ FAX#: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
APPLICANT: \_\_\_\_\_ SS#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CURRENT RENT AMOUNT: \_\_\_\_\_

By signature below, I/We authorize Melrose Apartments to check any credit/rental history.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The applicant has listed you as the landlord on the above address. Please fill in the requested information below and return to leasing office at the above address.

Move in date: \_\_\_\_\_ Move out date: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
Notice Given \_\_\_\_\_ Number of late payments \_\_\_\_\_ Legal action taken \_\_\_\_\_  
Has Resident been evicted? \_\_\_\_\_ Date of eviction: \_\_\_\_\_  
Current months rent paid: \_\_\_\_\_ Outstanding balance amount: \_\_\_\_\_  
Number of occupants: \_\_\_\_\_ Pets: \_\_\_\_\_ Would you rent to again: \_\_\_\_\_  
Condition of apartment: \_\_\_\_\_ Leaseholders name(s) \_\_\_\_\_  
Verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ 

# The Melrose Apartments

18194 Purvis Drive  
Triangle VA 22172  
Tel: 703 221 3111  
Fax: 703 221 8807

**Application fee: \$35.00 for each adult over 18 years of age**

Security deposit: \$100.00 and up  
Lease term: 12 months

Utilities included: WATER & TRASH & SEWER  
Resident pays: GAS & ELECTRIC

Type	Sq. Ft.	Rents
<b>1 BR</b>	<b>624</b>	<b>\$880.00</b>
1 BR Deluxe	624	\$990.00
<b>2 BR DUPLEX</b>	<b>768</b>	<b>\$1065.00</b>
2 BR Deluxe Duplex	768	\$1175.00
<b>2 BR</b>	<b>784</b>	<b>\$1025.00</b>
2 BR Deluxe Garden	784	\$1130.00
<b>3 BR DUPLEX</b>	<b>864</b>	<b>\$1185.00</b>
3 BR Deluxe Duplex	864	\$1335.00

Pricing subject to change without notice and will vary based on move-in date, length of lease contract, and time of lease quote. Prices and availability are subject to change at any time. Offered prices are for base rent only. Other charges, fees, terms and conditions may apply.

**EFFECTIVE 08/22/2018- Prices and specials are subject to change without notice.**



## Statement of Rental and Occupancy Standards

Management supports THE FAIR HOUSING ACT as amended, prohibiting discrimination in housing based on race, color, religion, national origin, handicap, or familial status. The following qualification standards will be required from every prospective resident.

### (Scoring Model for Leaseholder or Co-signer)

**Co-signer:** A co-signer may be required when an applicant(s) cannot meet both of the requirements stated below. Co-signer must not have any automatic rejections and qualify as stated below, with the exception that the co-signer must make 3 times their rent/mortgage and the applicant's rent amount combined.

- Roommates must qualify individually in all areas except income.

### Rental History

**Must have at least 6 months or more of verifiable rental history.** Mortgage must be verifiable via credit report or written documentation from Mortgage Company. Automatic Denial: Landlord Reference (ex: would not relent to resident due to lease violation); any unpaid rental housing debt; evictions; over 40% late pays during the lease term and all unpaid tax liens over \$2000.00.

**Credit check:** Failure to provide complete and accurate information on a rental application will result in a refusal to rent if credit verifications cannot be made. If any untrue or misrepresented information is included CRSC Residential, Inc. will have no obligation to rent or continue to rent the apartment to you. Timeline checked is less than or equal to 2 years. Medical and Student loan not included in consideration of application. Automatic denial is property rental collections. Bankruptcy is not counted if older than 2 years.

**Criminal History:** It is an automatic denial if applicant(s) and /or occupants(s) have been convicted for a felony and/or misdemeanor offense involving actual or potential physical harm to a person(s), or involving possession, manufacture, or delivery of a controlled substance, marijuana, drug paraphernalia, weapons, burglary, auto theft, damage to property, sexual offenses, or solicitation, even if currently serving deferred adjudication, convicted or case pending in the last 5 years. Applicant(s) and /or occupants with felony and/or misdemeanor offenses 5 years or older are required to obtain a criminal background check upon the renewal of the contract and may be allowed occupancy with the provision that all deposits and rental payments must be paid with money order or cashiers check only.

**Processing:** A Minimum of \$35.00 non-refundable application processing fee will be required for every one over 18 years of age. Any prospective resident and any occupant over the age of 18 are required to submit an application for a criminal history check. Management can deny applicant or occupant if they have been arrested for a felony and/or misdemeanor offense involving actual or potential physical harm to a person(s), or involving possession, manufacture, or delivery of a controlled substance, marijuana, drug paraphernalia or weapons.

**Maximum Occupancy:** Two people per bedroom (Exception- child less than 6 months) once the child is over 6 months old, you must obtain a larger apartment.

**Security Deposit:** Minimum deposits: \$100.00 due at the time of application approval (within 72 hours). A larger deposit as much as 1 month's rent may be required depending on credit.

**Payment:** Rent is due and payable on the 1<sup>st</sup> day of each month. All applicants fees outlined in the lease agreement will apply is not paid as agreed. Personal checks are accepted upon move-in. Personal checks will not be accepted for late rent. Fee schedules are outlined in the lease agreement. Roommates: Each is fully responsible for the entire rental payment.

**Recreational Vehicles:** All vehicles must be registered and approved with the management office and must not take up more than one parking space.

**Pets:** Acceptable pets include domestic cats, birds, fish (50 gallon tank size limited with Management's prior written approval). We accept dogs 100lbs. and under. **The following full or mixed breed dogs are NOT acceptable: Bull Mastiff, Chow Chow, Dalmatian, Doberman pinscher, German shepherd, Mastiff, Pit Bull, Bull Dog and Rottweiler. Prohibited pets also include snakes, Ferrets, iguanas, potbelly pigs and rabbits.** When a pet is permitted on the property, a recent photograph of the pet and an additional fee is required. This policy does not apply to disabled persons who require the use of an animal aid, police dog, which will be reviewed on an individual basis. Minimum non-refundable pet fee: \$250.00 per pet. (Please ask to see pet policy for this community). \$30.00 monthly pet fee per pet (limit 2 pets).

**Utilities:** All residents are responsible for maintaining the expense of Cable, Phone, Electric, and Gas. Water, Sewer and Trash expenses are included in the monthly rent.

**Community:** All residents and occupants agree to abide by the policies for health, safety, and drug and crime free living enjoyment at this community.

**I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE AS QUALIFYING STANDARDS AND RENTAL POLICIES OF THIS COMMUNITY.**

COMMUNITY NAME: THE MELROSE APARTMENTS

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

