

Fralin Holdings I, LLC

- Management -

REQUIRED FEES & DEPOSITS

- \$30 application fee per rental application (submit with Rental Application)
- Security deposit equivalent to at least one full month's rent (due when lease is signed)

RENTAL APPLICATION INSTRUCTIONS

- Rental Application
 - Fill in all blanks. Place a dash in any spaces that do not apply.
- Employment Verification
 - Complete the top of the form, sign and date. All the information in THIS SECTION TO BE FILLED OUT BY EMPLOYER should be left blank. Return with your Rental Application.
 - Include 2 current paystubs for each applicant
- Rental Verification
 - Complete the top of the form, sign and date. All the information in the THIS SECTION TO BE FILLED OUT BY LANDLORD should be left blank. Return with your Rental Application.
- Make sure to sign all documents where applicable.
- Enclose the application fee
 - Make check or money order payable to FRALIN HOLDINGS I, LLC
- Return completed application package to
FRALIN HOLDINGS I, LLC
PO BOX 20886
ROANOKE, VA 24018

Should you have any questions about your application package, please feel free to contact us at any time by phone at 540-204-4247, Ext. 107 or email to westmont@irec.cc.

Fralin Holdings I, LLC

P.O Box 20886

Roanoke, VA 24018

540-204-4247 – 540-204-4249-fax

Fully complete this application and return it to the above address. A \$30.00 application fee is required.

Today's Date: _____ Anticipated Move In Date: _____

Apartment Preference: _____ 1 Bedroom/1 Bath _____ 2 Bedroom/ 2 Bath

Preferred Level: _____ Ground _____ 2nd Floor _____ 3rd Floor

Primary Applicant Info:

Name (First, Middle & Last): _____

Phone #: _____ Email: _____

Birth Date: _____ SS#: _____

Driver's License /Gov't Photo ID Card #: _____ State Issued: _____

Have you ever:

Been evicted from any housing? Yes___No___ Had a judgment granted against you? Yes___No___

Been convicted of a felony? Yes___No___ Had an account placed for collection? Yes___No___

If answer is yes, explain fully: _____

Co-Applicant Info:

Name (First, Middle & Last): _____

Phone #: _____ Email: _____

Birth Date: _____ SS#: _____

Driver's License /Gov't Photo ID Card #: _____ State Issued: _____

Have you ever:

Been evicted from any housing? Yes___No___ Had a judgment granted against you? Yes___No___

Been convicted of a felony? Yes___No___ Had an account placed for collection? Yes___No___

If answer is yes, explain fully: _____

Other Occupants:

Information on all those who will occupy the premises (Other than Applicant and Co-Applicant). If you plan to live alone, write in the word "None".)

| First, Middle Initial, Last | SS# | Sex | Relationship | Birthdate |
|-----------------------------|-------|-------|--------------|-----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Residence:

Present Address: _____
Street City State Zip

Rent / Mortgage: _____ Start Date: _____ End Date: _____

Apartment Community / Landlord / Mortgage Company: _____
Address: _____

Type of Business: _____ Phone No. _____

Previous Address: _____
Street City State Zip

Rent / Mortgage: _____ Start Date: _____ End Date: _____

Apartment Community / Landlord / Mortgage Company: _____
Address: _____

Type of Business: _____ Phone No. _____

Co-Applicants Residence

Same as Above? _____ Check here if your address is the same as primary applicant.

Present Address: _____
Street City State Zip

Rent / Mortgage: _____ Start Date: _____ End Date: _____

Apartment Community / Landlord / Mortgage Company: _____
Address: _____

Type of Business: _____ Phone No. _____

Previous Address: _____
Street City State Zip

Rent / Mortgage: _____ Start Date: _____ End Date: _____

Apartment Community / Landlord / Mortgage Company: _____
Address: _____

Type of Business: _____ Phone No. _____

Employment:

Applicant's Employer: _____

Address: _____

Phone #: _____ Annual Income: _____

Start Date: _____ Position: _____

Applicant's Previous Employer: _____
 Address: _____
 Phone #: _____ Annual Income: _____
 Start Date: _____ Position: _____
 Other sources of Income (i.e. parental support, child support, etc.): Amount(s)
 _____ \$ _____

Co-Applicant's Employment:

Co-Applicant's Employer: _____
 Address: _____
 Phone #: _____ Annual Income: _____
 Start Date: _____ Position: _____
 Co-Applicant's Previous Employer: _____
 Address: _____
 Phone #: _____ Annual Income: _____
 Start Date: _____ Position: _____
 Other sources of Income (i.e. parental support, child support, etc.): Amount(s)
 _____ \$ _____

Bank References: Name and Address
 Checking: _____
 Savings: _____
 Loan(s): _____

Credit References and List of Outstanding Debts:

| Name and Address | Balance | Monthly Payment | Acct. Number |
|------------------|----------|-----------------|--------------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

Personal References: (Other than family, preferred)

| Name and Address | Phone No. | Years Known | Occupation |
|------------------|-----------|-------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Automobiles: (2 Car Max)

| Automobile Type | Make/Model | Year | Color | License Number | State |
|-----------------|------------|-------|-------|----------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Emergency Contact:

Name: _____ Relationship: _____
Address: _____
Phone Number: _____ Email: _____

Pet Information: (2 pet max w/ restrictions)

Do you have pets? Yes _____ No _____ How Many? 1 _____ 2 _____

| | |
|---------------|--------------|
| Name: _____ | Breed: _____ |
| Type: _____ | Color: _____ |
| Weight: _____ | Age: _____ |
| Name: _____ | Breed: _____ |
| Type: _____ | Color: _____ |
| Weight: _____ | Age: _____ |

WARNING:

18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

EQUAL HOUSING OPPORTUNITY

Fralin Holdings I, LLC does business in accordance with the Federal Fair Housing Law. We offer equal service to all clients and prospects without regard to race, color, religion, sex, handicap, familial status or national origin.

It should be noted that this application is only the preliminary step in the resident selection process and in no way guarantees you occupancy. However, this process can not begin until the application is answered completely. Should the application be approved, then in accordance with the Code of Virginia Section 55-248.6:1, the landlord retains the right to claim actual damages if applicant fails to rent the unit.

I hereby state and represent that the information provided by me in this application is complete and accurate. I authorized the Landlord to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics, and mode of living, and I release all concerned from any liability in connection with any information they provide.

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VERIFICATION OF RENTAL HISTORY

The applicant listed below has applied for residency with Fralin Holdings I, LLC. In order to process the application we request the following information. Please fax back the completed form to (540) 204-4249. Thank you for your help!

THIS SECTION TO BE FILLED OUT BY APPLICANT

Applicant(s) Name: _____

Applicant(s) Address: _____

Length of Occupancy: From: _____ To: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone #: _____

I hereby authorize the release of the following rental information.

Applicant's Signature: _____ Date: _____

THIS SECTION TO BE FILLED OUT BY LANDLORD

Monthly Rental Payment: \$ _____ Account Currently Paid in Full: _____

Number of Times Late: _____ Number of Returned Checks: _____

How many tenants shared the unit (and fiscal responsibility) with the applicant? _____

Have you ever had to take, or begin, legal proceedings against this applicant for any reason? _____

If yes, please explain: _____

Did the applicant ever interfere with the rights to peaceful enjoyment of others? _____ If yes, please explain: _____

Would you rent to this applicant again? _____ If no, please explain: _____

I certify that the above information is true and accurate to the best of my knowledge:

Landlord Signature

Date

Printed Name

Title

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VERIFICATION OF EMPLOYMENT

The applicant listed below has applied for residency with Fralin Holding I, LLC. In order to process the application we request the following information. Please fax back the completed form to (540) 204-4249. Thank you for your help!

THIS SECTION TO BE FILLED OUT BY APPLICANT

Applicant's Name: _____

Applicant's Address: _____

SSN#: _____

Employer: _____

Employer's Address: _____

Employer's Phone #: _____

I hereby authorize the release of the information requested on this verification form.

Applicant's Signature: _____ Date: _____

THIS SECTION TO BE FILLED OUT BY EMPLOYER

Date of Hire: _____ Position: _____

Hourly Rate: _____ Average # of Hours Worked per Week: _____

Overtime Rate: _____ Average # of Overtime Hours a Week: _____

Does employee earn any tips? _____ If yes, how much. _____

Does employee earn any commission? _____ If yes, how much. _____

Does employee earn any bonuses? _____ If yes, how much. _____

I certify that the above information is true and accurate to the best of my knowledge:

Employer Signature

Date

Printed Name

Title