Phone: 434-977-5755 Fax: 434-984-0047

DI Properties

Applicant Information: First Name: Middle Initial: Last Name: Current Street Address: City: State: Zip: Phone(s): Rent or Own: How Long: Do you smoke?: Driver's License Number: State: Soc Sec #:	
Current Street Address: State: Zip: Phone(s): Rent or Own: How Long: Do you smoke?:	
City: Zip: Phone(s): Rent or Own: How Long: Do you smoke?:	
Rent or Own: How Long: Do you smoke?:	
Oriver's License Number: State: Soc Sec #:	
Employer: How Long Employed:	Phone:
Your Position: Supervisor's Name:	Phone:
Have you ever been convicted of a felony? : YES / NO If yes, explain conviction:	
ist any other names you have used:	
	
Co-Applicant Information:	
• •	Date of Birth:
First Name: Middle Initial: Last Name:	Date of Birth:
First Name: Middle Initial: Last Name: Current Street Address:	
Co-Applicant Information: First Name: Middle Initial: Last Name: Current Street Address: State: Zip: Phone(s): Rent or Own: How Long: Do you smoke?:	
First Name: Middle Initial: Last Name: Current Street Address: State: Zip: Phone(s):	
First Name:Middle Initial: Last Name: Current Street Address: City: State: Zip: Phone(s): Rent or Own: How Long: Do you smoke?:	

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Have you ever been evicted for non-paym	ent of rent or any other reaso	n: If so, explain:
st any other names you have used:		
Additional Information:		
Names and ages of others that will be livi	ng in the home:	
Name:	Age	e:
Name:	Ag	e:
Name:	Ag	e:
Name:	Ag	ə:
Has anyone above ever been convicted o	f a felony? : YES / NO If yes, e	xplain conviction:
	f a felony? : YES / NO If yes, e	xplain conviction:
Has anyone above ever been convicted o		
Has anyone above ever been convicted o	Address:	
Has anyone above ever been convicted o Present Landlord: Name:	Address:	
Has anyone above ever been convicted o Present Landlord: Name: Zip: Phone:	Address:	City:
Present Landlord: Name: Phone: Previous Landlord:	Address:	City:
Present Landlord: Name: Phone: Previous Landlord: Name: Phone:	Address:	City:
Present Landlord: Name: Phone: Previous Landlord: Name: Phone:	Address: Rental Address: Reason For Moving:	City:
Present Landlord: Name: Phone: Previous Landlord: Name: Phone: Previous Landlord: Name: Phone: Previous Landlord:	Address: Rental Address: Reason For Moving:	City:

General Information:

Do you have pets?: _____ If so, type, name, age, indoor or outdoor: _____

Do you require more than one parking space? _____

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Do you require handicapped access? _____

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Emergency Notificatio		
Name:		
Relationship:	Phone:	
Credit References:		
Company or Bank:	Contact Name:	Phone:
Company or Bank:	Contact Name:	Phone:
Motor Vehicles:		
Make/Model:	Color:	License:
Make/Model:	Color:	License:
Make/Model:	Color:	License:
Background Checks:		
	vner and its agents to check my credit and p ase of all of my credit history, financial infor	
Applicant Signature	Date	
Co-Annlicant Signature	Date	