



200 LAKE CLUB COURT
CHARLOTTESVILLE VA 22902
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www.liveatlakeside.com

PLEASE PROVIDE A COPY OF DRIVERS LICENSE

**CATHCART MANAGEMENT, L.L.C.
AGENT FOR LAKESIDE APARTMENTS
APPLICATION FOR RENTAL**

\$50 NON-REFUNDABLE APPLICATION FEE

DATE NEEDED _____

TYPE OF APARTMENT DESIRED 1BR _____ 2 BR _____ 3 BR _____

DATE				Agent	Mkting Source _____		
PROPERTY	LAKESIDE			Photo ID provided?	YES	NO	
NAME			Date of Birth ____/____/____	SS#	_____ - _____ - _____		
OTHER	Age:	Relationship		Date of Birth	____/____/____		
AUTHORIZED	Age:	Relationship		Date of Birth	____/____/____		
OCCUPANTS	Age:	Relationship		Date of Birth	____/____/____		

LANDLORD/MORTGAGEE VERIFICATION

CURRENT ADDRESS				Phone			
STREET ADDRESS				E-mail			
CITY, STATE & ZIP							
HOW LONG?		Mo. Payment	\$				
LANDLORD/MORTGAGE REFERENCE				Phone			
PREVIOUS ADDRESS				Fax			
STREET ADDRESS							
CITY, STATE & ZIP							
HOW LONG?		Mo. Payment	\$	Phone			
LANDLORD/MORTGAGE REFERENCE				Fax			

EMPLOYMENT/INCOME VERIFICATION

CURRENT EMPLOYER (PLEASE LIST EMPLOYMENT INFORMATION AS OF THE DATE APT IS NEEDED)				Phone			
NAME OF EMPLOYER				Phone			
NAME OF SUPERVISOR				Fax			
BUSINESS ADDRESS							
CITY, STATE & ZIP							
HOW LONG?							
SALARY	\$	WK/MO/YR	POSITION:				
PREVIOUS EMPLOYER (IF PRESENT EMPLOYMENT IS LESS THAN 18 MONTHS)				Phone			
NAME OF EMPLOYER				Phone			
NAME OF SUPERVISOR				Fax			
BUSINESS ADDRESS							
CITY, STATE & ZIP							
HOW LONG?							
SALARY	\$	WK/MO/YR	POSITION:				

OTHER INCOME (PLEASE PROVIDE PROOF OF INCOME)			
SOURCE			
AMOUNT	\$	WK/MO/YR	

CREDIT & BANKING REFERENCES

CREDIT REFERENCES (LIST STORES, CREDIT UNIONS, FINANCE COMPANIES, CREDIT CARDS, DEBTS OWED)			
Name	Address	Monthly payment	
		\$	
		\$	

BANK REFERENCES	Bank/Branch	City/State	Account #	Phone #
CHECKING				
SAVINGS				
OTHER				

EMERGENCY CONTACT

NAME			Relationship		
STREET ADDRESS			Phone Number		
CITY, STATE & ZIP					

IMPORTANT TO APPLICANT

- Market rents may vary and is not guaranteed beyond the date of this Application.
- The undersigned understands that a non-refundable application fee is hereby accepted. This fee is accepted to reimburse Landlord for the cost of verifying the information provided above. Landlord will make inquires to obtain information regarding Applicant's income, rental history, criminal record, and credit worthiness. Landlord will provide Applicant, upon request, the written rental criteria used to determine whether this Application is accepted or rejected.
- Applicant understands that by submitting this Application and paying any related fees or deposits, that Applicant requests Landlord to remove from its unit availability listing, a specific apartment. Applicant further understands that until a lease is signed, landlord cannot guarantee the availability of any specific unit.
- All applicants 18 years of age and older who will reside in the leased apartment must complete an application and be approved individually. Applicant certifies that he/she is above the legal age of majority and that the above information contained in this Application is true and correct. Applicant authorizes owner or agent to make inquiries and gather information in order to approve or reject the Application. Applicant understands that any lease contract entered into by the Landlord may be terminated at any time by the landlord if representations made in this Application are discovered to be false.
- Applicant authorizes Landlord to respond to authorized requests, either orally or in writing, from third parties from the date of this Application henceforth.

Signature _____ Date _____

Do you have a pet? Y N Breed _____ Weight _____

WILL YOU NEED A VISUAL RESPONSE SMOKE DETECTOR IN YOUR APARTMENT? Y N

THIS IS AN OPTIONAL QUESTION, HOWEVER, BY LAW WE ARE REQUIRED TO PROVIDE SMOKE DETECTORS TO ALL HEARING IMPAIRED RESIDENTS. YOUR RESPONSE WILL IN NO WAY AFFECT YOUR APPLICATION FOR RENTAL.



Criminal Background Check Authorization

My signature below grants Lakeside Apartments the right to conduct a criminal background check on me for any convictions. I understand that management reserves the right to reject my application if I have been convicted of the illegal manufacture or distribution of a controlled substance as defined by federal law; or on the grounds that I pose a clear and present threat of substantial harm to others or the dwelling itself; or on the ground that I, based upon a prior record of criminal convictions involving harm to persons or property, would constitute a clear and present threat to the health or safety of other individuals.

Please print full name: (required)

_____ First Name	_____ Middle Name	_____ Last Name
_____ Signature		_____ Date