

Rental Application

Highland Village Apartments

400 Robey Street, Radford, VA 24141
(540) 731-1336 – Fax (540) 731-0808 – E-mail HiVilApts@aol.com

Date Occupancy Desired _____ Size Desired _____

Name: (Last, First, Middle) _____

Social Security #: _____ Phone #: (_____) _____

Birthdate: _____ Cell Phone: (_____) _____

E-mail Address: _____

Present Address: _____ Applicant Employment: _____ Full or _____ Part Time

Occupation: _____

Salary: \$ _____

Employer: _____

Employer's Address: _____

Phone #: (_____) _____

Emergency Contact Person: _____ Bank Reference: (Name of Bank only) _____

Name: _____

Address: _____

Phone #: (_____) _____

Do you: _____ Rent _____ Own _____ Other _____ Do you smoke? _____ Yes _____ No

Current Landlord's Name _____ Previous Landlord: _____

Address: _____ Previous Address: _____

Phone # (_____) _____

Will you have an automobile on premises? _____ Yes _____ No

Year _____ Make _____ Model _____ Color _____ Tag # _____ State _____

Personal Reference (3) Not living with you or not living at Emergency Contact Address:

Name, Address & Phone

(1) _____ (2) _____ (3) _____

I certify that the above information is true and correct and give my permission to Highland Village Apartments to verify all data.

Signature _____ Date _____

