

THE MILL

Weisz Properties, LLC

11-A South Avenue · Harrisonburg VA 22801

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Apartment Assigned: _____

Application Received: _____

Questionnaire Received: _____

Lease Mailed/Due: _____

Lease Signed: _____

Deposit/Admin Received: _____

Rental Application

Full Name (first, middle, last, suffix): _____

Social Security Number: _____ - _____ - _____ (For background check) Date of Birth: ____ / ____ / ____

Email: _____ Phone: (____) _____ - _____

Current Year in School: _____ Name of School: _____

Permanent Address: _____ City/State/Zip _____

How did you hear about us? _____

Preferred Floor: 1st 2nd 3rd Preferred Building or Apartment: _____

Requested Roommates: _____ / _____ / _____

Current Address (present address and rental history)

Current Address: _____ City/State/Zip _____

Landlord Name: _____ Landlord Phone: (____) _____ - _____

Total Length of Time at this Address: _____ Date From: ____ / ____ / ____ Date To: ____ / ____ / ____

Monthly Rent: _____ Utilities Included: _____ Notice Given? Yes No

Reason for Moving: _____

If living at above address for less than one year, please include your previous address:

Previous Address: _____ City/State/Zip _____

Landlord Name: _____ Landlord Phone: (____) _____ - _____

Total Length of Time at this Address: _____ Date From: ____ / ____ / ____ Date To: ____ / ____ / ____

Monthly Rent: _____ Utilities Included: _____ Notice Given? Yes No

Reason for Moving: _____

Employment Information (if applicable)

Employer: _____ Work Phone: (____) _____ - _____

Occupation/Title: _____ Supervisor: _____ Phone: (____) _____ - _____

Employment Start Date: ____ / ____ / ____ Pay: \$ _____ per Hour / Week / Month / Year (circle one)

Will Current Employment Continue if You Move Here? Yes No

Employment Information *(continued)*

If currently employed for less than 1 year, please include your previous employer:

Previous Employer: _____ Occupation/Title: _____

Supervisor: _____ Phone: (_____) _____ - _____

Employed From: ____ / ____ / ____ Until: ____ / ____ / ____ Pay: \$ _____ per Hour/Week/Month/Year *(circle one)*

Reason for Leaving: _____

Other Income Source *(if applicable)*

If applicable, please list an alternative income source and appropriate contact information:

Source: _____ Amount: \$ _____ per Week / Month / Year *(circle one)*

Agency/Contact: _____ Phone: (_____) _____ - _____

Emergency Contact

Name: _____ Relationship: _____ Phone: (_____) _____ - _____

PRICES SUBJECT TO CHANGE PENDING FULL LEASE EXECUTION

GUARANTOR SIGNATURE IS NOT REQUIRED ON APPLICATION. GUARANTOR SIGNATURE IS REQUIRED ON ALL LEASE DOCUMENTS.

DISCLOSURE STATEMENT: It is hereby disclosed that Weisz Properties, LLC, is the Managing Agent for the Owner, Olde Mill Village Sub, LLC, trading as The Mill Apartments. Weisz Properties, LLC is hereby authorized to act on the Owner's behalf in the negotiation of this Application and subsequent Lease Agreement. The Mill reserves the right to assign or transfer Applications or Lease Agreements to specific apartments in the complex at Agent's discretion. Reservation of a room or apartment will be based on date completed application, with fee, is received or, in the instance of group, based on the average of dates of the individuals in such group.

By signing this application, it becomes part of applicant's Lease, if approved. Applicant understands that the giving of false information may, at Landlord's option, constitute a breach, thereby voiding any subsequent Lease. Applicant authorizes Landlord to verify all rental, credit, and/or criminal history, as well as student status if applicable.

Signed: _____ Date: ____ / ____ / ____

The Mill Apartments - Roommate Questionnaire

By completing this form, you agree to have your information shared with others looking for roommates and to respond to any roommate inquiries in a timely fashion. Please answer all questions honestly. Federal Fair Housing and ADA laws apply. Roommate compatibility cannot be guaranteed. Please contact potential roommates to discuss any issues or concerns not covered on this form that may be important to you.

Name: _____ *Gender: Male Female

Email: _____ Phone: _____

Are you a student? Yes No Name of school: _____

Major(s): _____ Current year in school: _____
(e.g. soph, jr, sr, grad)

*Are you willing to live in a Co-Ed apartment?

- Yes, I don't mind living with and/or sharing my bathroom with roommates of the opposite sex.
- Yes, I am ok with Co-Ed living, but I want to share my bathroom with a roommate of the same sex.
- No, I only want to live with roommates of the same sex.

Hobbies/Sports/Clubs/etc: _____

•Do you smoke? Yes No Occasionally **Note: Smoking is prohibited inside any apartment.**

•How social are you? Non-partier Mostly quiet In-between Rarely alone Party animal

•Do you host parties? Every weekend Some weekends Often Occasionally Rarely Never

•At home on weekdays? Mornings Afternoons Evenings Come home just to sleep

•At home on weekends? Mornings Afternoons Evenings Just to sleep Gone most weekends

•How often do you...

Listen to music? Often Occasionally Rarely Never **Volume:** Loud Soft In-between

Watch TV? Often Occasionally Rarely Never **Volume:** Loud Soft In-between

Play video games? Often Occasionally Rarely Never **Volume:** Loud Soft In-between

•How often do you cook? Almost every meal Often Occasionally Rarely Microwave Only

•Rate your level of neatness in the...

Kitchen: Extremely Neat Somewhat Neat In-between Somewhat Messy Total Slob

Living Room: Extremely Neat Somewhat Neat In-between Somewhat Messy Total Slob

Bathroom: Extremely Neat Somewhat Neat In-between Somewhat Messy Total Slob

•Would you share any groceries? Share Share common items Keep separate Doesn't matter

•Would you share cleaning supplies? Share Share common items Keep separate Doesn't matter

•How often do you study? Constantly Often Occasionally Rarely Not in school

•Where do you study? Bedroom Living Room Library/On-campus Not in school

•Sleep habits on weekdays? Get up early Sleep in Go to bed early Night owl In-between

•Sleep habits on weekends? Get up early Sleep in Go to bed early Night owl In-between

•How often do you have guests over?

During the day: Regularly Weekends only Few times a week Few times a month Rarely Never

Overnight: Regularly Weekends only Few times a week Few times a month Rarely Never

•Will you have a pet? Yes No

•Do you care if a roommate has a pet? Yes No

•What pet will you have? _____ •If allergic to a pet, what kind? _____

Please write anything that is important for roommate situations that has not already been covered:
