



Please check (one) location for this application:

- Jack Naylor Apartments, Stanardsville, VA
- Skyline Apartments, Stanardsville, VA
- 76 Madison Road, Stanardsville, VA
- 78 Madison Road, Stanardsville, VA
- 50 / 72 Duplex Lane, Madison, VA
- Main Street, Madison, VA

RENTAL APPLICATION

Applicant: _____ Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____ Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Current Physical Address: _____

City: _____ State: _____ Zip: _____ Years There: _____

Landlord's Name: _____ Phone: _____

Landlord's Address: _____ City: _____ State: _____ Zip: _____

Co-Applicant: _____ Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____ Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Current Physical Address: _____

City: _____ State: _____ Zip: _____ Years There: _____

Landlord's Name: _____ Phone: _____

Landlord's Address: _____ City: _____ State: _____ Zip: _____

All other occupants who will reside at this property:

Name: _____ DOB: ____/____/____ Gender: _____ Relationship: _____

Name: _____ DOB: ____/____/____ Gender: _____ Relationship: _____

Name: _____ DOB: ____/____/____ Gender: _____ Relationship: _____

EMPLOYMENT INFORMATION

Applicant's Employer: _____ Contact Person: _____

Phone: _____ Address: _____

Dates of Employment: _____ Position: _____

_____ Full-time _____ Part-Time _____ Temporary

Annual gross income: \$ _____ Other income: \$ _____

Other income explained: _____



Co-Applicant's employer: _____ Contact: _____

Phone: _____ Address: _____

Dates of Employment: _____ Position: _____

_____ Full-time _____ Part-Time _____ Temporary

Annual gross income: \$ _____ Other income: \$ _____

Other income explained: _____

FINANCIAL INFORMATION

List all monthly payments, including auto loans, credit card, support payments, taxes, personal loans and garnishments:

Name of Creditor	Address/City/State/Zip	Balance	Account Number	Monthly Payment

Bank name(s)/address: _____

List all automobiles, trucks, vans, motorcycles, campers, and/or trailers to be parked at this residence:

Car Make/Model: _____ Year: _____ License: _____

Car Make/Model: _____ Year: _____ License: _____

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____ Phone: _____

I represent to you that the above information is true and complete to the best of my knowledge and that the premises will not be used for any illegal or restricted purposes. I also understand that this is not a lease. I authorize Skyline CAP, Inc. to investigate any statements, references, criminal background or any other information obtained from me or from any other person pertaining to my credit and financial responsibility.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

IT IS THE POLICY OF SKYLINE CAP, INC. NOT TO DISCRIMINATE RENTALS ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, RELIGION, AGE, OR GENDER.



Please return application by email to rentals@skylinecap.org.