Rental Rates

Lakeland Village Apartments

1124 #2 Lakeland Drive, Newport News, VA 23605

Phone: (757) 838-0936 Email: lakelandapts1@gmail.com

Apartment Type	Baths	Rent
28 Efficiencies **without** dishwasher (400 sf)	One Bath	$490
8 Efficiencies **with** dishwasher (400 sf)	One Bath	$495
64 One Bedroom (700 sf)	One Bath	$595
28 Two Bedroom Village (800 sf)	One Bath & Half	$710
12 Two Bedroom **without** laundry hookups (800 sf)	One Bath & Half	$720
8 Two Bedroom **with** laundry hookups (800 sf)	One Bath & Half	$735

NOTICE: The rental rates above **do not** include the following charges:

Item:	Charge
Security Deposit	$450
Application Fee (Money Order ONLY) *non-refundable*	$50 per adult
Pet Deposit ($50 is non-refundable)	$200
Monthly Pet Fee (in addition to Pet Deposit)	$10
Storage Unit (Small/Large)	$8 small/$15 large
Utilities & Trash Service	Varies by usage

Standard Features Include the following: Blinds, Dishwasher, Air Conditioning, Wall to Wall Carpeting or luxury vinyl plank flooring. Rental rates above do not include utilities and trash.

Also Featuring: Large spacious rooms, walk-in closets, window in kitchen (1 & 2 bedroom units), plenty of cabinet space, laundry rooms are conveniently throughout property.

THIS IS AN ALL ELECTRIC COMMUNITY ** **RESIDENT MANAGER LIVES ON-SITE**

REQUIREMENTS: You must submit a copy of two (2) recent pay stubs and a valid driver's license or some form of picture identification. ***YOU MUST HAVE GOOD CREDIT, BE ON THE JOB 6 MONTHS AND YOU MUST MAKE THREE (3) TIMES THE RENT.***

THIS IS A SMOKE-FREE COMMUNITY ** **RENTERS INSURANCE IS REQUIRED**

LAKELAND VILLAGE APARTMENTS — RENTAL APPLICATION

DATE OF APPLICATION_____ APARTMENT DESIRED_____ DATE DESIRED_____
Efficiency, 1-2 BEDROOMS

LEASE LENGTH DESIRED ☐ 12 MONTH Choose one (1)

A DEPOSIT OF $ _____ IS ACCEPTED AS A SECURITY DEPOSIT REQUIRED BY THE LEASE. THIS DEPOSIT CAN BE RETURNED TO YOU ONLY IF THE APPLICATION IS NOT APPROVED.

NAMES OF ALL ADULTS WHO WILL OCCUPY APARTMENT

(1) _____ _____ _____
LAST FIRST MIDDLE INITIAL — DATE OF BIRTH — SOCIAL SECURITY NUMBER

(2) _____ _____ _____
LAST FIRST MIDDLE INITIAL — DATE OF BIRTH — SOCIAL SECURITY NUMBER

NAMES OF ALL CHILDREN TO LIVE IN APARTMENT

(1) _____ _____ _____
LAST FIRST MIDDLE INITIAL — DATE OF BIRTH — SOCIAL SECURITY NUMBER

(2) _____ _____ _____
LAST FIRST MIDDLE INITIAL — DATE OF BIRTH — SOCIAL SECURITY NUMBER

HOME PHONE_____ **CELL PHONE**_____

EMAIL _____ **(Email & at least one phone number is *REQUIRED*)**

CURRENT ADDRESS

_____
NUMBER AND STREET NAME — CITY — ST. — ZIP — MOVE IN / MOVE OUT DATE

_____
NAME OF APTS OR RENTAL AGENTS — PHONE — EMAIL

RENT RATE $_____/ MO

PREVIOUS ADDRESS

_____
NUMBER AND STREET NAME — CITY — ST. — ZIP — MOVE IN / MOVE OUT DATE

_____
NAME OF APTS OR RENTAL AGENTS — PHONE — EMAIL

RENT RATE $_____/ MO

EVER BEEN EVICTED OR HAD A FORCIBLE DETAINER FILED AGAINST YOU? _____ **REASON** _____

EMPLOYMENT OF ALL ADULTS

ADULT #1: WHERE EMPLOYED: _____
START DATE: _____ END DATE: _____
BUS. ADDRESS _____ BUSINESS PHONE _____
POSITION _____ SUPERVISOR _____ SALARY $_____ PER ____

ADULT #2: WHERE EMPLOYED: _____
START DATE: _____ END DATE: _____
BUS. ADDRESS _____ BUSINESS PHONE _____
POSITION _____ SUPERVISOR _____ SALARY $_____ PER ____

ADULT #3: WHERE EMPLOYED _____
START DATE: _____ END DATE: _____
BUS. ADDRESS _____ BUSINESS PHONE _____
POSITION _____ SUPERVISOR _____ SALARY $_____ PER ____

SOURCE OF ADDITIONAL INCOME _____ AMOUNT $ _____ PER ____
CHECKING ACCOUNT: _____
BANK — BRANCH — CITY

AUTOMOBILE **MAKE & MODEL** **YEAR** **COLOR** **PLATE #**

DESCRIPTION _____

DESCRIPTION _____

EMERGENCY CONTACT

WHOM SHOULD WE CONTACT IN CASE OF EMERGENCY? NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY & STATE & ZIP: _____

PHONE: ( ) _____-_____

IN THE EVENT OF SERIOUS ILLNESS, DEATH OR OTHER CIRCUMSTANCES THAT WOULD MAKE YOU UNAVAILABLE, THE EMERGENCY CONTACT CAN REMOVE YOUR PROPERTY FROM YOUR UNIT, STORAGE UNIT OR THE COMMON AREAS. **YES (___) NO (___)**

IMPORTANT TO APPLICANTS

(1) DO YOU HAVE A PET? NO ☐ YES ☐ WHAT KIND? _____ APPROX. WEIGHT _____
NO PET OF ANY KIND SHALL BE PERMITTED IN THE PREMISES WITHOUT PRIOR WRITTEN CONSENT

(2) RENTERS INSURANCE? NO ☐ YES ☐ COMPANY _____ POLICY NO. _____

(3) LEASE DATE IS FINAL AND IN THE EVENT APPLICANT FAILS TO TAKE OCCUPANCY ON DATE GIVEN, PRORATED RENT MUST BE PAID FROM THAT DATE.

Do you require an accommodation to access or use your apartment in any way? Yes____ No_____
If yes, please explain the required accommodation:

_____

_____

_____

_____

The mere presence of criminal charges or convictions does not disqualify you from renting an apartment. Each application is considered on a case by case basis. For example, an old felony conviction for possession of drugs would not disqualify your application. A recent conviction for breaking and entering would disqualify your application. We will notify you and give you the opportunity to discuss anything which would adversely affect your application.

Have you ever been convicted of a crime? _____
Are you currently facing any charges: _____
Are you on probation or parole? _____

SIGNATURE OF ALL ADULTS TO APPEAR ON LEASE

Application Fee (per each adult) $30.00 Money Order made out to Lakeland Village Apartments.

All information furnished on this application is to the best of my knowledge, complete and accurate. Discovery of false or omitted information constitutes grounds for rejection of this application. You or any agent of your choice may verify any and all information from whatever source that you choose. I authorize all persons/or firms named in this application to freely provide any requested information concerning me and hereby waive all right of action for any consequence resulting form such information.

(1) _____ (2) _____ (3) _____
Applicant #1 Applicant #2 Applicant #3

KEYS WILL BE RELEASED ON THE DATE OF MOVE-IN AFTER ALL ADULTS HAVE SIGNED THE LEASE.

Signature Leasing Agent: _____ Date_____

LAKELAND VILLAGE APARTMENTS

LEASE ADDENDUM FOR DRUG-FREE HOUSING

Signing this agreement allows Lakeland Village Apartments to release information to any law enforcement agency upon request.

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, owner and resident agree as follows:

1. Resident and any other person on the premises with his consent, including but not limited to members of the family and guests shall not engage in criminal activity, including drug-related criminal activity. On the premises. Premises for purposes of this rule include not only the rental unit but all other property comprising the apartment community, including common areas and streets. "Drug-related criminal activity means the illegal manufacture, sales, distribution use or possession of an illegal drug."
2. Resident and any other person on the premises with his consent shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near property premises.
3. Resident or members of the household will not permit the dwelling unity to be used for, or to facilitate criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.
4. Resident or members of the household will not engage in the manufacture, sale, or distribution of illegal drugs at any location, whether on the premises, or otherwise.
5. Resident and any other person on the premises with his/her consent shall not engage in acts of violence, or threats of violence, including, but not limited to, the unlawful discharge of firearms, on or near property premises.
6. A single violation of the above provisions shall be a material violation of the lease and good cause for termination of tenancy. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be determined by the landlord's as agents good faith determination that the above provisions have been violated.
7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of this addendum shall govern.
8. This lease addendum is incorporated into the lease executed between owner and resident and shall be effective immediately.

_____ _____

Agent/Date Resident/Date

_____

Resident/Date

LAKELAND VILLAGE RENTAL REFERENCE

1124 #2 Lakeland Drive, Newport News, VA 23605

Office: (757) 838-0936 Fax: (757) 838-2469 Email: lakelandapts1@gmail.com

I am applying for an apartment at Lakeland Village Apartments. I hereby give permission to release all information concerning the residency of the person(s) listed below who has applied to rent from Lakeland Village Apartments. I consent to the release of all information pertaining to rental history from your community.

Applicant - PLEASE COMPLETE SECTION 1. Lakeland will fax and/or email your information to your rental community for them to complete Section II and return to Lakeland.

SECTION 1:

Applicant's Name: _____

Address: _____

Applicant's Signature & Date: _____

SECTION 2:

1. How long has the referenced resident lived in your community?

   From: _____ To: _____

2. How many late payments_____Returned checks _____
   Unlawful Detainers _____
3. Proper notice given? Yes _____ No _____
   By resident or by Landlord? _____
4. Any outstanding debt owed? _____ Reason_____
5. Name(s) on Lease:
6. Would you lease to this resident again? Yes_____ No_____
7. Any non-compliance? Yes_____No_____ If yes, please explain: _____
   _____

_____

Landlord/Leasing Agent Signature Title Date