



Corporate Rental Application

Name of Leaseholder: _____
Date of Application: _____
Date Apartment Needed: _____
Social Security Number: _____ Date of Birth _____

Home Address: _____
City/State: _____ Zip: _____
If PO Box – physical address: _____
City/State: _____ Zip: _____
Phone Number: _____ Cell Phone Number: _____

Business Address: _____
City/State: _____ Zip: _____
Phone/Extension: _____
Email: _____
Position: _____ Supervisor: _____

Name of Guarantor/Corporation: _____
Address: _____
City/State: _____ Zip: _____
Phone/Extension: _____
Tax ID Number: _____
1) Credit Reference _____
2) Credit Reference _____

Representative of Corporation Responsible of Signing as Guarantor:

Position: _____ Phone Number: _____
Email: _____

Foxridge and Hethwood Apartment Homes
750 Hethwood Blvd, #100G Blacksburg, VA 24060
(540) 951-1221 or (800) 525-3432 – Voice (540) 951-9302 – Fax
www.FoxridgeLiving.com



Complete List of All Authorized Occupants: Each occupant must complete the occupant information form, pay all appropriate fees and are subject to the approval based on the established qualification criteria.

The number of occupants in the apartment must comply with occupancy regulations.

Apartment Options: Please list a first and second choice:

Size:	Floor:	Location:	Amenities:
1 BR_____	1 st enclosed patio_____	Foxridge:_____	Washer/Dryer:_____
w/ den____	1 st walk out patio_____	Fox Croft:_____	Washer/Dryer
2 BR_____	2 nd _____	Fox Run:_____	Hookup:_____
w/ den____	3 rd _____	Copper Croft:___	Standard Plus:___
3 BR _____		Stroubles Crossing:_____	
w/ den_____			
4 BR _____			
w/ den_____			

Note: FLOOR, LOCATION AND AMENITIES WILL BE MATCHED WHERE POSSIBLE; HOWEVER, PREFERENCES ARE NOT BINDING.

Furniture:	Housewares:	Extras:	Utilites:
Student:_____	1 BR/Bath:___	19" TV:_____	Cable:_____
Standard:_____	2 BR, ½ Bath:___	25" TV:_____	Internet:___
Premium:_____	2 BR, 2 Bath:___	TV Stand:_____	Electricity:___
Executive:_____	3 BR, 2 Bath:___	VCR:_____	Other:_____
	4 BR, w/bath:___	DVD:_____	
		Microwave:_____	
		Other:_____	

Will a pet be residing in the apartment? **Yes**_____ **No**_____ If yes, type:_____

No pet may exceed 60lbs. at full grown weight. Location restrictions and breed restrictions apply. No Pit Bulls, Dobermans, German Shepards, Rotweilers, or Chows are permitted. This includes mixed breeds. NO reptiles are allowed. NO EXCEPTIONS. Veterinarian verification of weight is required on all dogs. Only one pet per apartment. No pets allowed at or after move-in without prior arrangements and agreement to all pet regulations. **Any pet not registered with the Welcome Center will result in a \$200.00 illegal pet fine.**

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I understand that it is intended the apartment will be ready for occupancy close to the requested move-in date. I agree that Foxridge shall not be under any obligation related to approval of this application or for any reason. I further agree that the full security deposit is applied to damages upon cancellation of my apartment. Foxridge cannot assume responsibility for the inability to furnish resident with any apartment on the specified date where construction delays, repairs or the lack of availability prevents us from providing occupancy of the assigned apartment.

I hereby state and represent that the information provided on this application is complete and accurate. I authorize you to verify any and all information contained in this application. I release all concerned from any liability in connection with any information they give. I acknowledge and agree that in the event I enter into a lease with the owner that the lease may be canceled by the owner in the event any of the information provided by me in this application is materially inaccurate or incomplete. I understand that the policies and regulations are adopted for the benefit of all residents and proper operation of the property. I agree that my residency will be subject to them.

Signature of
Leaseholder: _____ Date: _____
Signature of Guarantor/Corporation
Representative: _____ Date: _____

**RENTAL APPLICATION
FOR OFFICE USE ONLY**

Application Fee _____
Occupant Fee _____
Apartment Deposit _____
Furniture Deposit _____
Delivery Fee _____
Leasing Consultant _____
Approved By _____
Date of Approval _____

**APT. ASSIGNMENT
FOR OFFICE USE ONLY**

Apt. No. _____
LSD/LED _____
Rent _____
Carpet _____
Size _____ Pet _____
Amenity _____
Furn Delivery Date _____
Cable/Internet Install _____

