613 20[™] Street Huntington, West Virginia 25701 Office 304-697-5381; fax 304-781-1225

VARSITY HUNTINGTON, LLC VARSITY HUNTINGTON II, LLC

LEASE APPLICATION (print all information)

EMPLOYER:	FULL NAME:	PHONE:		
LOCAL ADDRESS: EMAIL: LOCAL PHONE: SOCIAL SECURITY #: CURRENT CLASS STANDING: Grad Sr Jr Soph Fr (Please circle one) TRANSFER STUDENT: SCHOOL: PHONE # FATHER: ADDRESS: HOME PHONE: WORK PHONE: WORK PHONE: DESIRED APARTMENT TYPE – 1 ST Choice: It is understood that the Processing Fee is not refundable By signing this application, I certify that all information provided is correct. I understand that the total Security Deposit owed to Lessor at the time of closing is (1 month's rent). You are required to clean you apartment and have the carpets professionally cleaned prior to move ou and also remove all belongings and turn in all keys. Please refer to the "Arrival Inspection Form - move out charges" form signed at move in. Yo will be responsible for any direct damages caused in your apartment chouse during the lease term. Should any circumstances occur that would prevent me from fulfilling mobiligation to Lessor, I understand that the Security Deposit will not be released and I will be held liable for the rental payments until the end of the lease term. Applicant Signature: Date: Lessor's Representative: Date: Date: Lessor's Representative: Date: Date: Date: Date: DATE Deposit one Phone Fr (Please circle one) For Soph Fr (Please circle one) For Phone Fr (Please circle one) For Phone Fr (Please circle one) For Hone Phone: WORK PHONE: PHONE # PHONE PHONE PHONE # # # # # # # # # # # # #				
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FATHER:	TRANSFER STUDENT:	SCHOOL:		
ADDRESS:	PRIOR LANDLORD	PHON	E#	
HOME PHONE:				
WORK PHONE:	ADDRESS:	ADDRESS:		
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Lessor's Representative: Date:				
	Lessor's Representative: $_$		Date:	

Please return this completed application to Business Office address above with a Processing Fee of \$25 (check or money order only). Acceptance of this application does not guarantee an apartment.