**Cavalier Housing**

**t/a K & F Venture, LLC**

145 College Row

Wise, Va. 24293

1. Complete this application in its entirety.

2. After you submit your application, you will be notified if you are

approved. Accommodations are limited and will be leased on a first-come, first-served basis. The acceptance of this application does not ensure an accommodation. An accommodation is reserved only upon execution of the Lease Agreement by all parties.

3. You may also email this application in document form only if you wish to [cavalierhousing@yahoo.com](mailto:cavalierhousing@yahoo.com). Photos of applications will not be accepted. Our website address is [www.mycavalierhousing.com](http://www.mycavalierhousing.com/)which has photos of the apartments for you to view.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_/\_\_\_\_/\_\_\_\_

(First) (Middle) (Last)

Home Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No.: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip)

Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell No.: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

If applicable, please include previous landlord as a reference.

Reference 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARKING/VEHICLE INFORMATION**

Vehicle Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or your spouse ever been evicted from any residence? Yes □ No □

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or your spouse ever been convicted of a felony? Yes □ No □

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever lived here? Yes □ No □

**PARENT OR GUARDIAN (LEASE GUARANTOR)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

Home Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip)

Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEASING OPTIONS**

This form is solely intended as a means for potential tenants to indicate interest in Cavalier Housing. **This form is not legally binding in any way and the completion of this form shall not obligate the interested parties to sign a lease nor shall it guarantee housing.** The forms will be filed chronologically by the day they are received, and apartments will be awarded in that order. (Please number 1-5 in order of preference, 1 being the most preferred. If you do not want to be considered for certain room options, leave those options blank)

**Building #1 Information:**

The Units available are either two bedrooms with one bathroom and kitchen area or a studio which consists of one large room, one bathroom and kitchen area. It is understood that Resident’s rental space (hereinafter the “Premises”) consists of the exclusive use and occupancy of one of the bedrooms and the shared use and occupancy of the bathroom and kitchen in the two-bedroom units. Rent shall be one of the following alternatives initialed (plus utilities as set forth in Section 10):

\_\_\_ **Lease Option 1:** $725.00/month for 6, 9, or 12 months for studio unit (nine months equal to 2 semesters, school year)

\_\_\_ **Lease Option 2:** $880.00/month for 6, 9, or 12 months for two-bedroom unit (nine months equal to 2 semesters, school year) with a 2-occupant maximum before incurring additional charges

**Building #2 Information:**

The Units available are two and three bedrooms with one shared bathroom and efficiency kitchen area or a single unit with a bathroom and efficiency kitchen area. It is understood that Residents rental space (hereinafter the “Premises”) consists of the exclusive use and occupancy of one of the bedrooms and the shared use and occupancy of the bathroom and efficiency kitchen area in the two- and three-bedroom units. Rent shall be one of the following alternatives initialed (plus utilities as set forth in Section 10):

\_\_\_ **Lease Option 1:** $860.00/month for 6, 9, or 12 months for a three-bedroom unit (nine months equal to 2 semesters, school year) with a 3-occupant maximum before incurring additional charges

\_\_\_ **Lease Option 2:** $805.00/month 6, 9, or 12 months for a two-bedroom unit (nine months equal to 2 semesters, school year) with a 2-occupant maximum before incurring additional charges

\_\_\_ **Lease Option 3**: $430.00/month for 6, 9, or 12 months for a single unit (nine months equal to 2 semesters, school year)

\_\_\_ **Lease Option 4**: $500.00/month for 6, 9, or 12 months for a single unit (nine months equal to 2 semesters, school year)

\_\_\_ **Lease Option 5:** $645.00/month for 6, 9, or 12 months for a single studio unit (nine months equal to 2 semesters, school year)

**Monthly Leases will be an additional $50.00.**

If you will not be staying during a designated lease term (a 12, 9, or 6-month lease, semester lease, or monthly lease), please indicate here the time of stay:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident acknowledges that this Lease is for the entire Lease Term regardless of whether Resident is for any reason unable to continue occupying the Premises. Accordingly, Resident’s obligation to pay Rent hereunder, and Guarantor’s (as defined below) obligation to ensure payment of the same, shall continue for the entire Lease Term and until all sums due the Company have been paid in full.

Company shall assign Resident to Premises at the beginning of the Lease Term; provided, however, that at all times during the Lease Term, Company shall have the right, in its sole discretion, to move Resident to similar accommodations within the Company housing system at Cavalier Housing. \*\*If you are interested in leasing for twelve months, please see management staff.

If applicable, please list the name(s) of your roommate(s) here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you fail to answer any questions, or if you have given false information, (1) we are entitled to reject this application (2) retain all processing fees and deposits as liquidated damages for any time and expense and (3) terminate the right to lease the unit or (4) if you have signed a lease will be a violation of the lease.

By my signature I attest that the information contained herein is correct. K & F Venture, LLC, is authorized to verify my credit history, and all other submitted information for the purpose of evaluating this lease application.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed application form and resident profile can also be mailed to:**

**P.O. Box 7064**

**Wise, VA 24293**

**RELEASE AND AUTHORIZATION**

I authorize any prior landlord, bank, business, current or prior employer, school or university, water company, electrical company including Old Dominion Power Company and Appalachian Electric Power Company, and any municipality, i.e., Town or City, and any person where-so-ever located to release all information on me to Cavalier Housing t/a K & F venture, LLC. This includes any accounts associated with me. Cavalier Housing t/a K & F Venture LLC may utilize this information for the purpose of verification of my references, credit, and court records as they relate to my tenancy, present and future rental payments.

This information may also be used for post-lease collection actions, and/or any other Company Use without limitation. I authorize any such person to give their opinions to a representative of Cavalier Housing t/a K & F Venture, LLC as they pertain to my character, standing in the community, suitability as a tenant, and reputation for paying my just bills and expenses.

I authorize any current or past employer to release any information in any personnel file and any other information on me to the company representative including amounts of wages paid, any disciplinary actions on file, prior tenant warning and the like.

I authorize and encourage any such person contacted to provide the company representative any information this person deems pertinent to my rental application.

I authorize any property owner, landlord, bank or credit institution of any kind to release all account information they may have on file to a company representative upon request.

I hereby agree to hold any such person harmless and without blame of any kind or sort for any information, including opinions, so provided as they pertain to my rental application and suitability as a tenant.

This Release and Authorization shall remain in full force and effect during the pendency of the application process, during any rental agreement between me and Cavalier Housing t/a K & F Venture LLC, and for a period after the end of my rental agreement term for debt collection purposes.

I may revoke this Authorization only by a writing delivered to Cavalier Housing t/a K & F venture, LLC. This revocation requirement notwithstanding, this Authorization will terminate 3 years after the end of any contractual relationship I have with Cavalier Housing t/a K & F Venture LLC.

Any statement under oath by a company representative that this RELEASE AND AUTHORIZATION has not been revoked shall prima facie proof that this form remains in full force and affect.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handwritten Signature Required

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We cannot process your application unless this page is signed, and the social security number and date of birth written BY THE APPLICANT.

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This release sworn and signed before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Notary Public)

Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

SEAL

Commission Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised Date: August 26, 2024