

Resident Information

www.stonegateapartments.com

Office Location:
500 Broce Drive, Blacksburg, VA 24060
(540) 951-2449 - Phone · (540) 552-1022 - Fax

Mailing Address:
Post Office Box 124, Blacksburg, VA 24060
Email: stonegateapartments@msn.com

Community Desired	<input type="checkbox"/> Stonegate Apartments <input type="checkbox"/> Carlton Scott Apartments
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Personal Information

Name	Social Security Number
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Present Address

Street Address	Telephone Number
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Apartment Number	Date of Birth
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City/State/Zip Code	Email Address
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Guarantor Information

Name	Telephone Number
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Street Address	Email Address
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City/State/Zip Code	
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Automobile Information

Make and Model of Vehicle	License Plate Number/State
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Year	Color
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Emergency Information

In case of an emergency, please notify:	Home Telephone Number
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Street Address	Work/Cell Number
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City/State/Zip Code	Relationship
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All lease payments must be guaranteed by a parent or guardian. If applicant is self-supporting and over 21, then an approved sufficient income statement will be required. Otherwise, a guarantor's statement must accompany the lease agreement.

Each Lessee is required to be covered by a renter's insurance policy to cover loss of personal property and to have liability coverage of at least \$500,000.00. Some may be covered by parent's home owners insurance. A copy of the policy or statement of coverage is required. Relatively inexpensive renter's insurance is sold by all major insurance companies.

I certify that the above information is true and accurate. I give Stonegate/Carlton Scott Apartments authorization to acquire credit, housing and employment verifications. I also hereby consent and give permission to disclose my name and address to Shentel/NTC Communications, LLC (NTC), the community's provider of network access and cable television services. The information will not be disclosed to any other party and will be used by NTC only to assist in providing telecommunications services.

Applicant Signature:	Date:
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Office Use Only

Apt Number:	New	Renew	Sublease
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Security Deposit			Pet Deposit		
Amount:	Check Number:	Date:	Amount:	Check Number:	Date:

Guarantor Form Returned: Date:	Insurance Policy Form: Date:
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