

RENTAL APPLICATION

This Rental Application is an offer to rent. The Deed of Lease is a legally binding contract.
It is unlawful to discriminate on the basis of race, color, religion, national origin, sex, elderliness, familial status or handicap. This Application will be processed in accordance with all Fair Housing and occupancy laws.

The Applicant/s acknowledge by their initials that in this real estate lease transaction, _____, the Listing Company and the Property Manager represent the Landlord and that the Leasing Company, _____, represents the Landlord or Tenant. (If the Brokerage Company is acting as a dual representative of both the Landlord and Tenant, then the appropriate disclosure form is attached to and made a part of this Application.) **Applicant/s Initial** _____ / _____
Leasing Agent must attach a business card.
Applicant/s Identification Type & Expiration Date: _____

_____ and _____ (Applicant/s) offer to rent _____, Virginia _____, ("Premises") for _____ year/s beginning _____ for the monthly rent of \$ _____ payable in advance on the first day of each month. *The Premises are accepted in the current condition, unless noted below or by attachment.* Occupancy is subject to possession being delivered by the present occupant.
A NON-REFUNDABLE PROCESSING FEE OF \$ _____ per Applicant is included with this Application. Processing may take up to 5 business days to complete.
AN EARNEST MONEY DEPOSIT OF \$ _____ ("Deposit") is included and will be held by _____. If this Application is accepted, the Deposit will be credited toward funds owed to the Landlord. If this Application is not accepted the Deposit will be refunded to the Applicant/s less any additional documented processing charges.

APPLICANT/S AGREE AND UNDERSTAND THAT:

1. A copy of the proposed Lease may be reviewed through the Listing Company. If the Applicant does not approve the Lease after reviewing it, the Deposit will be refunded.
2. Applicant will have to show 2 forms of identification prior to signing Lease.
3. This Application, and each occupant and each pet are subject to acceptance and approval by the Landlord.
4. Applicant shall execute the Lease within 3 business days after approval by the Landlord. The Listing Company is obligated to present all applications to the Landlord until the Lease is signed.
5. Landlord/Agent may withdraw approval and resume marketing Premises at any time until Lease is signed.
6. Applicant has no leasehold interest until the Lease is signed.
7. The Tenant must insure all personal property, furniture and possessions and obtain liability insurance.
8. Applicant will abide by all Rules & Regulations of the community Association and jurisdictional laws.
9. There may be additional move-in fees and utility deposits payable before occupancy.
10. This is a three-page document, which must be completed in full. Attachment is also enclosed Yes No.
11. **** Military attach copy of orders and LES. ** Hourly/weekly employees attach last 2 years Form W-2. ** Self-employed attach copy of last 2 years of US Tax Form 1040 & Schedule C. ****

Best phone numbers to contact Applicant prior to the Lease Term:

Area code (_____) _____ (_____) _____

Please initial _____ / _____

OFFICE USE ONLY	
Application received - Date: _____	Time: _____
Application reviewed by: _____	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant or Agent Notified - Date: _____ Time: _____

I/We understand that only those _____ persons listed in this application are to live in the Premises and that the home is not to be used for business. I/We authorize the firm processing this application to verify any of the information from this application and to perform any necessary credit or investigative reports or inquiries in order to approve the application. If any information is found to be false or misleading, the application will be rejected.

Signed _____ Date _____

Signed _____ Date _____

APPLICANT 1

Name _____

Date of Birth _____ Social Security Number _____

Present Street Address and House Number

City _____ State _____ Zip _____

From: _____ To: _____ \$ _____

Dates of Occupancy _____ Rent/Mortgage _____

Reason for Moving _____

Landlord/Mortgage Company Name _____ Phone _____

Previous Street Address and House Number

City _____ State _____ Zip _____

From: _____ To: _____ \$ _____

Dates of Occupancy _____ Rent/Mortgage _____

Reason for Moving _____

Landlord/Mortgage Company Name _____ Phone _____

CURRENT EMPLOYMENT

Name of Company/Branch of Service _____ Phone _____

Location _____ Dates _____

Position/Rank/Rate _____ \$ _____ Salary _____

Supervisor Name _____ Phone _____

PREVIOUS EMPLOYMENT

Name of Company/Branch of Service _____ Phone _____

Location _____ Dates _____

Position/Rank/Rate _____ \$ _____ Salary _____

Supervisor Name _____ Phone _____

OTHER INCOME

\$ _____
Amount Source

How would you rate your credit? _____

APPLICANT 2

Name _____

Date of Birth _____ Social Security Number _____

Present Street Address and House Number

City _____ State _____ Zip _____

From: _____ To: _____ \$ _____

Dates of Occupancy _____ Rent/Mortgage _____

Reason for Moving _____

Landlord/Mortgage Company Name _____ Phone _____

Previous Street Address and House Number

City _____ State _____ Zip _____

From: _____ To: _____ \$ _____

Dates of Occupancy _____ Rent/Mortgage _____

Reason for Moving _____

Landlord/Mortgage Company Name _____ Phone _____

CURRENT EMPLOYMENT

Name of Company/Branch of Service _____ Phone _____

Location _____ Dates _____

Position/Rank/Rate _____ \$ _____ Salary _____

Supervisor Name _____ Phone _____

PREVIOUS EMPLOYMENT

Name of Company/Branch of Service _____ Phone _____

Location _____ Dates _____

Position/Rank/Rate _____ \$ _____ Salary _____

Supervisor Name _____ Phone _____

OTHER INCOME

\$ _____
Amount Source

How would you rate your credit? _____

PLEASE ANSWER....

- | | | | | | | | |
|---|--|--------------------|--|--------------------|--|-------------|-------|
| 1. Have you ever filed for bankruptcy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | APPLICANT 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No | APPLICANT 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No | EXPLANATION | _____ |
| 2. Have you ever been evicted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | _____ |
| 3. Do you have any judgements? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | _____ |
| 4. Have you had a foreclosure? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | _____ |
| 5. Are you a party to a lawsuit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | _____ |
| 6. Do you pay alimony or child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | _____ |
| 7. Are you a co-maker of a note? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | _____ |

APPLICANT 1 - ASSETS/CREDIT/LOANS		
CAR/CARD	BALANCE	MONTHLY \$\$

APPLICANT 2 - ASSETS/CREDIT/LOANS		
CAR/CARD	BALANCE	MONTHLY \$\$

OTHER OCCUPANTS OF PREMISES

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	RELATIONSHIP

ADDITIONAL INFORMATION - Cars, boats, trucks, trailers, vans campers, RV's & motorcycles must have current license and jurisdictional tags. No Commercial Vehicles Allowed

VEHICLE MAKE/MODEL	YEAR	COLOR	LICENSE #	STATE REGISTRATION

Do You Own (Or Plan To Purchase) A Waterbed Or Large Aquarium? Yes No
 This requires Landlord Approval and Insurance Coverage

CLOSE RELATIVE OR EMERGENCY CONTACT

Name _____ Relationship _____ (_____) Phone _____

Address _____ City _____ State _____ Zip _____

PET INFORMATION **Liability coverage required for dogs!

TYPE	BREED	SIZE	AGE	SEX/NEUTERED	LICENSE #

Veterinarian or Pet Sitter: _____

**** ALL INFORMATION MUST BE COMPLETE IN ORDER TO PROCESS APPLICATION. ****

