

# RENTAL APPLICATION

It shall be unlawful discriminatory housing practice to discriminate on the basis of race, color, religion, national origin, sex, elderliness, familial status or handicap.

The undersigned Applicant(s) hereby acknowledge disclosure that in this real estate lease application, \_\_\_\_\_ ("Listing Company") represents the Landlord, and \_\_\_\_\_ ("Leasing Company") represents  the Landlord OR  the Tenant. (If the brokerage firm is acting as a dual representative for both Landlord and Tenant, with or without designated representatives, then the appropriate disclosure form is attached to and made a part of this Application.)

Landlord permission must be obtained for pets, waterbeds and other equipment which could cause damage to the premises, and must be reflected in the lease.

\_\_\_\_\_ ("Applicant") hereby makes application to lease  
Street Address: \_\_\_\_\_ Virginia, Zip Code \_\_\_\_\_ ("Premises")  
for \_\_\_\_\_ year(s), beginning on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, for the monthly rent of \$ \_\_\_\_\_, payable in advance on the first day of each month.

It is understood that the Premises are to be used as a residential dwelling to be occupied by not more than those \_\_\_\_\_ persons listed in this Application, and that occupancy is subject to possession being delivered by the present occupant. Any and all personal property placed in the Premises shall be at the Applicant's risk and the Applicant shall insure the same. Application is being made for the Premises in its present condition, unless otherwise indicated.

**NON-REFUNDABLE RENTAL PROCESSING FEE.** A Processing fee in the amount of \$ \_\_\_\_\_ is included with this Application.

**DEPOSIT.** A deposit, (in the case of payment by check, the words "Earnest Money Deposit" shall be placed on the check) in the amount of \$ \_\_\_\_\_ ("Deposit") is to be held by \_\_\_\_\_

## APPLICANT ACKNOWLEDGES AND AGREES THAT:

1. A copy of the lease form may be reviewed through the Listing Firm.
2. This Application, and each prospective occupant, are subject to approval and acceptance by the Landlord
3. If this Application is not approved and accepted by the Landlord, the Deposit shall be refunded in full.
4. After approval and acceptance by the Landlord, the Applicant shall execute the proposed lease with mutually agreed upon additional terms, if any, within 2 business days of notice of acceptance by the Landlord.
5. If the Applicant is approved and accepted by the Landlord and the Applicant does not execute the lease as provided in Number 4 above, the Deposit shall be returned to the Applicant.
6. If a lease is ultimately signed by the Applicant and Landlord, the Deposit will be credited toward the beginning month's rent of the Premises.

## Where can you be reached prior to the lease term?

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please Initial \_\_\_\_\_ / \_\_\_\_\_  
Applicant

Leasing Broker \_\_\_\_\_ Broker Code \_\_\_\_\_  
(Firm Name)  
Associate Name \_\_\_\_\_  
(Attach Business Card)  
Associate to verify Applicant's identification  
Type of Identification \_\_\_\_\_

## For Office Use Only

Approved By \_\_\_\_\_ Date \_\_\_\_\_ Applicant Notified \_\_\_\_\_ Date \_\_\_\_\_

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## PERSONAL HISTORY

PLEASE PRINT

EACH ADULT TO APPEAR ON THE LEASE MUST FILL OUT A SEPARATE APPLICATION UNLESS ASSETS AND LIABILITIES ARE JOINTLY HELD.

<b>APPLICANT</b>	LAST NAME	SUFFIX	FIRST NAME	INITIAL	DATE OF BIRTH*	SOCIAL SECURITY NO.
CO-APPLICANT						

\* Necessary for verification by Credit Reporting Agency

<b>NAME OF ALL OTHER OCCUPANTS TO LIVE IN HOUSE</b>	LAST NAME	SUFFIX	FIRST NAME	INITIAL	DATE OF BIRTH.	RELATIONSHIP

\*Necessary for verification by Credit Reporting Agency

**PRESENT OR LAST RESIDENCE**

ADDRESS:	APT NO.	CITY	STATE	ZIP	PHONE
RESIDED FROM: TO:	MONTHLY MORTGAGE PAYMENT \$		MONTHLY RENTAL PAYMENT \$		
NAME OF MORTGAGE CO. OR LANDLORD			WORK NO.		HOME NO.
REASON FOR MOVING					

PREVIOUS (If at present residence less than two (2) years)

ADDRESS:	APT NO.	CITY	STATE	ZIP	PHONE
RESIDED FROM TO:	MONTHLY MORTGAGE PAYMENT \$		MONTHLY RENTAL PAYMENT \$		
NAME OF MORTGAGE CO. OR LANDLORD			WORK NO		HOME NO.
REASON FOR MOVING					

## EMPLOYMENT HISTORY

**MILITARY:** Attach copy of latest Leave & Earnings Statement and/or Transfer Orders **SELF-EMPLOYED:** Attach copies of past two (2) years **U.S. Tax Form 1040 & Schedule C HOURLY/WEEKLY EMPLOYEES:** Attach copies of past two (2) years Form W-2.

<b>PRESENT EMPLOYMENT</b>	IF MILITARY Rank/Rate	Branch	Length of Service
EMPLOYED BY:		EMPLOYED SINCE:	
BUSINESS ADDRESS:	CITY	STATE	ZIP
POSITION	SALARY \$	PER	NO. OF HOURS PER WEEK
SUPERVISOR NAME AND TITLE			PHONE

PREVIOUS EMPLOYMENT (If with present employer less than two (2) years)

EMPLOYED BY:		EMPLOYED SINCE:	
BUSINESS ADDRESS:	CITY	STATE	ZIP
POSITION	SALARY \$	PER	NO. OF HOURS PER WEEK
SUPERVISOR NAME AND TITLE			PHONE

**CO-APPLICANT PRESENT EMPLOYMENT**

IF MILITARY- Rank/Rate	Branch	Length of Service
EMPLOYED BY:		EMPLOYED SINCE:
BUSINESS ADDRESS:	CITY	STATE
POSITION	SALARY \$	PER
SUPERVISOR NAME AND TITLE		PHONE

**CO-APPLICANT PREVIOUS EMPLOYMENT (If with present employer less than two (2) years)**

EMPLOYED BY:		EMPLOYED SINCE		
BUSINESS ADDRESS:	CITY	STATE	ZIP	PHONE
POSITION:	SALARY \$	PER	NO. OF HOURS PER WEEK	
Supervision NAME AND TITLE:				PHONE

**APPLICANT CO-APPLICANT OTHER INCOME**

\$	PER	SOURCE:
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**FINANCIAL HISTORY****BANK REFERENCES**

BANK NAME	SAVINGS/CHECKING/OTHER	ACCOUNT NUMBER	CURRENT BALANCE \$

MONTHLY PAYMENTS (Payments of 3 mts. or more duration, e.g., Aulo, Mortgage, Alimony, Dependent, Support, Taxes, Garnishment, Etc.)

TO:	FOR	BALANCE	MONTHLY PAYMENT \$

HAS APPLICANT EVER FILED FOR BANKRUPTCY	DATE FILED	DATE GRANTED	WHERE FILED?
HAS APPLICANT EVER BEEN EVICTED OR HAD JUDGMENT ISSUED AGAINST HIM/HER?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST APPLICANT/CO APPLICANT?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAS APPLICANT HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OR DEED IN LIEU THEREOF IN THE PAST SEVEN YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IS APPLICANT PARTY TO A LAWSUIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IS APPLICANT OBLIGATED TO PAY ALIMONY CHILD SUPPORT OR SEPARATE MAINTENANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IS APPLICANT A CO MAKER OH ENDORSER ON A NOTE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF APPLICANT ANSWERED - YES* TO ANY OF THE ABOVE QUESTIONS. ATTACH EXPLANATION			

**ADDITIONAL INFORMATION****AUTOMOBILES, MOTORCYCLES, VANS, TRUCKS, TRAILERS, CAMPERS, RV's, BOATS, COMMERCIAL VEHICLES, ETC.**

MAKE	MODEL	YEAR	COLOR	STATE	LICENSE NUMBER

**WATERBED****HOBBIES**

DO YOU OWN OR PLAN TO PURCHASE A WATERBED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Requires owner approval and waterbed insurance	

**PERSONAL REFERENCES**

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

**EMERGENCY CONTACT NOT LISTED ABOVE**

NAME	PHONE	RELATIONSHIP
ADDRESS	CITY	STATE ZIP

**PETS (DOGS, CATS, FISH, BIRDS, REPTILES, RODENTS, ETC.)**

TYPE	BREED	SIZE/WEIGHT	AGE	GENDER

OTHER INFO
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I /WE REPRESENT THAT THE PREMISES SHALL NOT BE USED FOR ANY ILLEGAL OR RESTRICTED PURPOSE(S) AND CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE

I /WE HEREBY AUTHORIZE THE PERSON OR FIRM TO WHOM THIS APPLICATION IS MADE, ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY SUCH PERSON, TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY

APPLICANT	DATE	CO-APPLICANT	DATE
APPLICANT ACKNOWLEDGED RECEIPT OF COPY OF THIS APPLICATION		CO-APPLICANT ACKNOWLEDGES RECEIPT OF COPY OF THIS APPLICATION	