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.

BI	ROKERAGE	DISCLOSURE	
The applicants acknowledge by their init			
represents the Landlord OR the Tenar and Tenant, then the appropriate disclosure f	nt. (If the Bro	ker is acting as a dua	l representative of both the Landlord
Applicant/s Initials /	L	easing Agent must a	ttach a business card.
Applicant/s Identification Type & Expira	tion Date:		
	OFFER	TO RENT	
(Aj	oplicant 1) and	1	(Applicant 2) offer
to lease the property known as, Virginia, 20			,
, Virginia ("P	for the mont	hly rent of \$	years/months
the first day of each month.	, for the mont		payable in advance on
	COND	ITIONS	
If this Application is accep Application is not accepted, the Deposit of processing charges. Occupancy is subject to possession being of unless otherwise noted below or by attach	will be refunded by t	ded to the Applicant	t(s) less any additional documented
CONTACT NUMBERS: APPLICANT 1		APPLICANT 2	
C:		C:	
H:			
W:			
Email:			
	OFFICE U	JSE ONLY	
Application Received Date	Time		
Application Reviewed By			
		cant of Agent notified	1 Date Time

APPLICANTS AGREE AND UNDERSTAND THAT:

- 1. This Application, each occupant and each pet are subject to acceptance and approval by the Landlord.
- 2. The Listing Company is obligated to present all Applications to the Landlord until the Lease is signed.
- **3.** Landlord and Landlord's Agent may rescind acceptance and resume marketing the Premises at any time until the Lease is signed.
- 4. Proof of current income is required. For example:
 - Latest Pay Statements/Stubs
 - Last 2 years' Form W-2 for hourly or weekly pay persons
 - Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income
 - Copy of LES and orders for military
- 5. This Application consists of four pages which must be completed in full. Incomplete or missing information will result in delay of a decision. Willful misrepresentation may be grounds for invalidating a Lease.
- **6.** A draft of the proposed Lease may be reviewed through the Listing Broker. If Landlord and Applicant cannot agree on terms, the deposit will be refunded.
- 7. Applicant must present valid photo identification or 2 forms of ID before signing the Lease.
- 8. The Applicant is responsible for obtaining property and liability insurance (Renter's Insurance) and assuming utility accounts where required before occupying the Premises.
- 9. Any move-in fees and utility deposits are the responsibility of the Applicant.
- 10. Only those persons listed in the Application are to live in the premises.
- **11.** The Premises are not to be used for business except with full knowledge and consent of the Landlord and in conformity with all applicable laws and regulations.
- 12. Applicant has no Leasehold interest until the Lease is signed.

I/we agree to the above conditions and authorize the firm processing this Application to verify any information contained herein and to perform any credit or investigative inquiries necessary in properly evaluating this Application, and any renewal. If any information is found to be false or misleading, the Application may be summarily rejected.

Signed Applicant 1	Date	Signed Applicant 2	Date
Al	PPLICANT 1	AI	PPLICANT 2
Name		Name	
Date of Birth	Social Security Number	Date of Birth	Social Security Number
Current Street Address	s	Current Street Address	5
City	State Zip	City	State Zip
From: To: Dates of Occupancy	\$ Rent □ Mortgage □	From: To: Dates of Occupancy	\$ Rent □ Mortgage □
Landlord/Management/N	Mortgage Co. Name	Landlord/Management/N	Aortgage Co. Name
Phone #	Fax #	Phone #	Fax #
Reason for Moving		Reason for Moving	

APPLICANT 1

Previous Street Add	dress		Previous Street Ad	dress	
City	State	Zip	City	State	Zip
From: To	: \$		From: To	»: \$	
From: To Dates of Occupancy	Rent	□ Mortgage □	From: To Dates of Occupancy	Rent	□ Mortgage □
Landlord/Manageme	ent/Mortgage Co. Na	me	Landlord/Manageme	ent/Mortgage Co. Na	me
Phone #	Fax #		Phone #	Fax #	
	EMPLOYMENT		Reason for Moving	EMPLOYMENT	
1 Current Compar			1 Current Compa		
Current Compar	ny Name				
		To:	Location	From:	To:
Location	Dates of I	Employment	Location		
		/year		\$	/year
Position/Rank	Income		Position/Rank	Income	
Supervisor Name	Phone		Supervisor Name	Phone	
			2.		
2 Previous Compa	any Name		Previous Comp	any Name	
	From:	To:		From:	To:
Location	Dates of I	Employment	Location	Dates of l	Employment
	\$	/year		\$	/year
Position/Rank	Income		Position/Rank	Income	
Supervisor Name	Phone		Supervisor Name	Phone	
AD	DITIONAL INCO	OME	AD	DITIONAL INCO	OME
	\$	/year		\$	/year
Source	Amount	/year	Source	Amount	/year

APPLICANT 2

Do you have any animals? LIABILITY COVERAGE IS REQUIRED FOR DOGS.

ТҮРЕ	BREED	AGE	WEIGHT	M/F	NEUTURED/DECLAWED
					/
					/
					/

VEHICLE 1 TYPE, MAKE, MODEL	STATE	VEHICLE 2 TYPE, MAKE, MODEL	STATE

ADDITIONAL INFORMATION

Do you plan to bring a waterbed or large aquarium into the Premises? Do you intend to smoke or permit smoking in the Premises?

□ NO □ NO

 \Box YES

 \Box YES

PLEASE ANSWER

		Applica	Applicant 1Applicant 2		<u>ant 2</u>
1.	Have you ever filed for bankruptcy?	□ Yes	□ No	□ Yes	□ No
2.	Have you ever been evicted?	□ Yes	🗆 No	□ Yes	□ No
3.	Do you have any judgments?	□ Yes	🗆 No	□ Yes	□ No
4.	Have you had a foreclosure?	□ Yes	🗆 No	□ Yes	□ No
5.	Are you party to a lawsuit?	□ Yes	🗆 No	□ Yes	□ No
6.	Do you pay alimony or child support?	□ Yes	🗆 No	□ Yes	□ No
7.	Are you a co-signer for a loan or another lease?	□ Yes	🗆 No	□ Yes	□ No
8.	Have you ever had a rental application rejected?	□ Yes	🗆 No	□ Yes	□ No
9.	How would you rate your credit?				
Dŀ	CBTS (List major loans or credit card debt)				
	Type of Loan Creditor		Balance		Monthly Payment
1.					
2.					

ASSETS (Submit supporting documentation if necessary for qualification)

1.	Type of Asset	 0	•	•	Amount
2.					

OTHER OCCUPANTS OF THE PREMISES

LAST NAME	D.O.B.	RELATIONSHIP		

DESIGNATED CONTACTS (Someone who knows how to reach you) OR NEXT-OF-KIN

Name		Relationship			
Telephone	Address	City	State	Zip	
2					
Name			Relationship		
Telephone	Address	City	State	Zip	