

VIRGINIA 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.

BROKERAGE DISCLOSURE

The applicants acknowledge by their initials that in this real estate leasing transaction the Listing Broker, _____, represents the Landlord and that the Leasing broker, _____, represents the Landlord **OR** the Tenant. (If the Broker 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 Initials _____ / _____ **Leasing Agent must attach a business card.**

Applicant/s Identification Type & Expiration Date: _____.

OFFER TO RENT

_____ (Applicant 1) and _____ (Applicant 2) offer to lease the property known as _____, Virginia _____ ("Premises"), for _____ years/months beginning _____, 20_____, for the monthly rent of \$ _____ payable in advance on the first day of each month.

CONDITIONS

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 to amounts 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.

Occupancy is subject to possession being delivered by the present occupant. **The property is accepted "As Is" unless otherwise noted below or by attachment.**

CONTACT NUMBERS: APPLICANT 1

APPLICANT 2

C: _____

C: _____

H: _____

H: _____

W: _____

W: _____

Email: _____

Email: _____

OFFICE USE ONLY

Application Received Date _____ Time _____

Application Reviewed By _____

Accepted Rejected Withdrawn Applicant of Agent notified Date _____ Time _____

APPLICANT 1

Previous Street Address

 City State Zip

From: _____ To: _____ \$ _____
 Dates of Occupancy Rent Mortgage

 Landlord/Management/Mortgage Co. Name

 Phone # Fax #

 Reason for Moving

EMPLOYMENT

1. _____
 Current Company Name

 Location From: _____ To: _____
 Dates of Employment

 Position/Rank \$ _____ /year
 Income

 Supervisor Name Phone

2. _____
 Previous Company Name

 Location From: _____ To: _____
 Dates of Employment

 Position/Rank \$ _____ /year
 Income

 Supervisor Name Phone

ADDITIONAL INCOME

 Source \$ _____ /year
 Amount

APPLICANT 2

Previous Street Address

 City State Zip

From: _____ To: _____ \$ _____
 Dates of Occupancy Rent Mortgage

 Landlord/Management/Mortgage Co. Name

 Phone # Fax #

 Reason for Moving

EMPLOYMENT

1. _____
 Current Company Name

 Location From: _____ To: _____
 Dates of Employment

 Position/Rank \$ _____ /year
 Income

 Supervisor Name Phone

2. _____
 Previous Company Name

 Location From: _____ To: _____
 Dates of Employment

 Position/Rank \$ _____ /year
 Income

 Supervisor Name Phone

ADDITIONAL INCOME

 Source \$ _____ /year
 Amount

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

| TYPE | 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? YES NO
 Do you intend to smoke or permit smoking in the Premises? YES NO

PLEASE ANSWER

| | <u>Applicant 1</u> | | <u>Applicant 2</u> | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|-------|
| 1. Have you ever filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2. Have you ever been evicted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3. Do you have any judgments? | <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 | _____ |
| 5. Are you party to a lawsuit? | <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 | _____ |
| 7. Are you a co-signer for a loan or another lease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 8. Have you ever had a rental application rejected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 9. How would you rate your credit? | _____ | | _____ | | |

DEBTS (List major loans or credit card debt)

| Type of Loan | Creditor | Balance | Monthly Payment |
|--------------|----------|---------|-----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

ASSETS (Submit supporting documentation if necessary for qualification)

| Type of Asset | Amount |
|---------------|--------|
| 1. _____ | _____ |
| 2. _____ | _____ |

OTHER OCCUPANTS OF THE PREMISES

(Occupants over 18 must submit separate applications)

| LAST NAME | FIRST NAME AND M.I. | M/F | D.O.B. | RELATIONSHIP |
|-----------|---------------------|-----|--------|--------------|
| | | | | |
| | | | | |
| | | | | |

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

1. _____
 Name Relationship

 Telephone Address City State Zip

2. _____
 Name Relationship

 Telephone Address City State Zip