



RENTAL APPLICATION

This Rental Application is an offer to rent and will be processed in accordance with all Fair Housing and occupancy laws. Upon approval of this Application by the Landlord, Applicant(s) agree to execute a Residential Deed of Lease, a legally binding contract. Failure to do so within two (2) business days of notice of acceptance may result in forfeiture of the Security Deposit.

ALL PARTIES ACKNOWLEDGE THAT THE LISTING COMPANY IS REPRESENTING THE LANDLORD AND THAT THE LEASING COMPANY IS REPRESENTING:

The Tenant
 The Landlord

OFFER TO RENT

_____ (Applicant) and _____ (Co-Applicant) offer to lease the property located at _____, Virginia _____ ("Premises"), beginning _____ and ending _____, for the monthly rent of \$_____ payable in advance on the first day of each month.

CONDITIONS

A processing fee of \$35 per Applicant is included with this Application. Processing may take up to five (5) business days to complete. **An earnest money deposit of \$_____** ("Security Deposit") is included with this Application and will be placed in escrow immediately upon Landlord's acceptance of this Application. If this Application is not accepted, the Security Deposit as well as the processing fee will be refunded to the Applicant(s). Should Applicant(s) withdraw this Rental Application prior to acceptance by the Landlord the processing fee will be retained.

Occupancy is subject to possession being delivered by the present occupant. **The property is accepted in its present condition "As Is" unless otherwise noted by attachment to this Rental Application.**

The information below is true and correct. I/we agree to the above conditions and hereby authorize verification by means of a credit report and by contact with references provided. I agree that Landlord or Landlord's agent shall have the right to determine the suitability of any Applicant, and to disapprove Applicant(s) for any reason not prohibited by law. I acknowledge receipt of a copy of this application.

Signed Applicant

Date

Signed Co-Applicant

Date

ATTENTION AGENTS: Application cannot be processed if incomplete. The following are required fields.*

*Agent Name _____ *Agent Phone _____

*Agent MRIS ID# _____ *Agent E-mail _____

*Company Name _____ *Company Address _____

*City _____ *State _____ *Zip Code _____

APPLICANT/CO-APPLICANT INFORMATION

Applicant _____ Social Security # _____

Co-Applicant _____ Social Security # _____

List all other occupants _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

List all pets _____

Applicant E-mail _____ Co-Applicant E-mail _____

Applicant Phone (mobile) _____ (home) _____ (work) _____

Co-Applicant Phone (mobile) _____ (home) _____ (work) _____

RESIDENCE

Applicant

Present Address _____ How Long? _____

Landlord/Mortgage Company _____ Monthly Payment \$ _____

Reason for Moving _____ Landlord Phone # _____

Previous Address _____ How Long? _____

Co-Applicant

Present Address _____ How Long? _____

Landlord/Mortgage Company _____ Monthly Payment \$ _____

Reason for Moving _____ Landlord Phone # _____

Previous Address _____ How Long? _____

EMPLOYMENT

Applicant

Current Employer _____ Position/Rank _____

Address _____ Phone # _____

From _____ to _____ Income \$ _____ Supervisor's Name _____

Former Employer _____ Position/Rank _____

Address _____ Phone # _____

From _____ to _____ Income \$ _____ Supervisor's Name _____

Other Income \$ _____ Source _____

Co-Applicant

Current Employer _____ Position/Rank _____

Address _____ Phone # _____

From _____ to _____ Income \$ _____ Supervisor's Name _____

Former Employer _____ Position/Rank _____

Address _____ Phone # _____

From _____ to _____ Income \$ _____ Supervisor's Name _____

Other Income \$ _____ Source _____

FINANCIAL OBLIGATIONS

| | | |
|------------------|------------------------|-------------------------|
| Payment to _____ | Monthly Amount\$ _____ | Current Balance\$ _____ |
| Payment to _____ | Monthly Amount\$ _____ | Current Balance\$ _____ |
| Payment to _____ | Monthly Amount\$ _____ | Current Balance\$ _____ |
| Payment to _____ | Monthly Amount\$ _____ | Current Balance\$ _____ |
| Payment to _____ | Monthly Amount\$ _____ | Current Balance\$ _____ |
| Payment to _____ | Monthly Amount\$ _____ | Current Balance\$ _____ |
| Payment to _____ | Monthly Amount\$ _____ | Current Balance\$ _____ |

BANK ACCOUNTS

| | | |
|---------------------|--------------------|-------------------------|
| Bank/Location _____ | Account Type _____ | Current Balance\$ _____ |
| Bank/Location _____ | Account Type _____ | Current Balance\$ _____ |
| Bank/Location _____ | Account Type _____ | Current Balance\$ _____ |
| Bank/Location _____ | Account Type _____ | Current Balance\$ _____ |

AUTOMOBILES

| | | | |
|------------|-------------|------------------------|-----------------|
| Make _____ | Model _____ | State Registered _____ | License # _____ |
| Make _____ | Model _____ | State Registered _____ | License # _____ |
| Make _____ | Model _____ | State Registered _____ | License # _____ |

OTHER

| | | |
|---|-----------------------------|---|
| Have you ever filed bankruptcy? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if yes, attach explanation) |
| Have you ever been evicted? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if yes, attach explanation) |
| Are there any outstanding judgments against you? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if yes, attach explanation) |
| Have you ever had a foreclosure? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if yes, attach explanation) |
| Are you named as a defendant in any lawsuits? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if yes, attach explanation) |
| Are you required to pay alimony or child support? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if yes, attach explanation) |
| Are you a co-signer for a loan or another lease? | <input type="checkbox"/> No | <input type="checkbox"/> Yes (if yes, attach explanation) |
| Will you have a waterbed on the premises? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

PERSON TO NOTIFY IN CASE OF EMERGENCY

| | |
|-------------------------|---------------|
| Name/Relationship _____ | Phone # _____ |
| Name/Relationship _____ | Phone # _____ |

OFFICE USE ONLY

Application was received on: _____ and processed by: _____

Application was Accepted Declined Withdrawn on: _____

Applicant OR Agent was notified of declined Application on: _____