



RENTAL APPLICATION

This Rental Application ("Application") is an offer to rent. The 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 as well as all classes protected by the laws of the United States, the Commonwealth of Virginia and applicable local jurisdictions, or by the REALTOR® Code of Ethics. This application will be processed in accordance with all Fair Housing and occupancy laws.

BROKERAGE DISCLOSURE

Applicants acknowledge by their initials that in this real estate leasing transaction Listing Broker, _____, represents Landlord and that Leasing Broker, _____, represents Landlord **OR** Tenant. (If Broker is acting as a dual representative of both 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 _____ (the "Premises"), for _____ years/months beginning _____, 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 \$ _____ (the "Deposit") is included and will be held by _____. If this Application is accepted and a lease is signed, the Deposit will be credited to amounts owed to Landlord. If this Application is not accepted, the Deposit will be returned to Applicant(s) less any additional documented processing charges. Funds held by an escrow agent will be deposited no later than 5 business banking days after Application has been approved.

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

CONTACT INFORMATION: APPLICANT 1

APPLICANT 2

C: _____

C: _____

H: _____

H: _____

W: _____

W: _____

Email: _____

Email: _____

OFFICE USE ONLY

Application Received Date _____ Time _____

Application Reviewed By _____

Approved Rejected Withdrawn Applicant or Agent notified Date _____ Time _____

APPLICANTS AGREE AND UNDERSTAND THAT:

1. This Application, each occupant and each pet are subject to acceptance and approval by Landlord.
2. Listing Broker is obligated to present all Applications to Landlord until a lease is signed.
3. Landlord and Listing Broker may rescind acceptance and resume marketing the Premises at any time until a lease is signed.
4. Proof of current income is required. For example:
 - a. Latest Pay Statements/Stubs
 - b. Last 2 years' Form W-2 for hourly or weekly pay persons
 - c. Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income
 - d. Copy of LES and orders for military
5. This Application consists of 4 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 Listing Broker. If Landlord and Applicant(s) cannot agree on terms, the Deposit will be returned.
7. Applicant(s) must present valid photo identification or 2 forms of ID before signing the lease.
8. Applicant(s) 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 Applicant(s).
10. Only those persons listed in Application are to live in the Premises.
11. The Premises are not to be used for business except with full knowledge and consent of Landlord and in conformity with all applicable laws and regulations.
12. Applicant(s) has no leasehold interest until a 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.

Applicant 1 Signature _____ Date _____ Applicant 2 Signature _____ Date _____

APPLICANT 1

Full Name _____

Date of Birth _____ Social Security Number _____

Current Street Address _____

City _____ State _____ Zip _____

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

Landlord/Management/Mortgage Co. Name _____

Phone # _____ Email _____

Reason for Moving _____

APPLICANT 2

Full Name _____

Date of Birth _____ Social Security Number _____

Current Street Address _____

City _____ State _____ Zip _____

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

Landlord/Management/Mortgage Co. Name _____

Phone # _____ Email _____

Reason for Moving _____

APPLICANT 1

Previous Street Address

City State Zip

From: To: \$
Dates of Occupancy Rent Mortgage

Landlord/Management/Mortgage Co. Name

Phone # Email

Reason for Moving

EMPLOYMENT

1. Current Company Name

From: To:
Location Dates of Employment

\$ /year
Position/Rank Income

Supervisor Name Phone

2. Previous Company Name

From: To:
Location Dates of Employment

\$ /year
Position/Rank Income

Supervisor Name Phone

ADDITIONAL INCOME

\$ /year
Source Amount

APPLICANT 2

Previous Street Address

City State Zip

From: To: \$
Dates of Occupancy Rent Mortgage

Landlord/Management/Mortgage Co. Name

Phone # Email

Reason for Moving

EMPLOYMENT

1. Current Company Name

From: To:
Location Dates of Employment

\$ /year
Position/Rank Income

Supervisor Name Phone

2. Previous Company Name

From: To:
Location Dates of Employment

\$ /year
Position/Rank Income

Supervisor Name Phone

ADDITIONAL INCOME

\$ /year
Source Amount

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

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

VEHICLE: TYPE, MAKE, MODEL	STATE	VEHICLE: 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>	<u>Explanation*</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?	_____	_____	_____

*Attach separate sheet if necessary.

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	Value
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 Email

Telephone Address City State Zip

2. _____
 Name Relationship Email

Telephone Address City State Zip



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