

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. It is also unlawful to discriminate against all classes protected by the laws of any applicable local jurisdictions and the REALTOR® Code of Ethics. This application will be processed in accordance with 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 or designated representative, 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 five (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 five (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

C: _____

H: _____

W: _____

Email: _____

APPLICANT 2

C: _____

H: _____

W: _____

Email: _____

OFFICE USE ONLY

Application Received Date _____ Time _____

Application Reviewed By _____

Approved Rejected Withdrawn Applicant or Agent notified Date _____ Time _____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 # _____ 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 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

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. _____	_____

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. Will you require a visual smoke detector?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10. Are you entitled to diplomatic immunity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
11. How would you rate your credit?	_____	_____	_____

*Attach separate sheet if necessary.

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

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

Do you have any vehicles?

VEHICLE: TYPE, MAKE, MODEL	STATE	VEHICLE: TYPE, MAKE, MODEL	STATE

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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