



VIRGINIA ASSOCIATION OF REALTORS® APPLICATION FOR RESIDENTIAL LEASE

(This is a legally binding contact. If not understood, seek competent advice before signing.)

	•	ons without regard to race, color, creed, able federal, state and local fair housing	
This Application for Reside	ntial Lease (the "Application") is	made as of the day of	, by and between
and a stimulation of the state			
collectively) and		("Listing Broker" or "Agen	("Landlord") through
		(Listing Broker of Agen	
represent Applicant). If Lis Listing Broker and Applican		r designated agency, a separate consent	
		he "Dwelling Unit") located at	
		, for occupancy commencing on	
		Dollars (\$). All	persons over the age of 18 who will
reside in the Dwelling Unit	must complete this Application.		
1. Applicant Inforn		LL INFORMATION COMPLETELY	
	Applicant #1	Applicant #2	Applicant #3
Name			
SSN/ITIN			
Date of Birth			
Home #			
Work#			
Cell Phone #			
Present Address			
Years			
Landlord			
Landlord Address			
Landlord Phone			
Previous Address			
Years			
Landlord			
Landlord Address			
Landlord Phone			
Presently Employed By			

	Applicant #1	Applicant #2	Applicant #3
How long?			
Position			
Salary (Wk., Mo., Yr.)	\$	\$	\$
Supervisor			
Telephone			
Formerly Employed By			
How long?			
Supervisor			
Other Occupants: Name/Age/Relationship			
· - ·			
Email Address:			
2. Vehicle Informat			
	Applicant #1	Applicant #2	Applicant #3
Number of Vehicles			
Make			
Model			
License #			
3. Pets:			
	Applicant #1	Applicant #2	Applicant #3
Туре			
Breed			
Color			
Weight			
4. If you are preser	ntly in the Armed Services, state:	,	,
4. If you are presen			
4. If you are presen	Applicant #1	Applicant #2	Applicant #3
Branch	Applicant #1	Applicant #2	Applicant #3
	Applicant #1	Applicant #2	Applicant #3
Branch	Applicant #1	Applicant #2	Applicant #3

_	Other Income	Nou Would	Lika Landlard t	o Concidor

	Applicant #1	Applicant #2	Applicant #3
Amount (Wk., Mo., Yr.)	\$	\$	\$
Source			

6. Bank or Savings Accounts:

	Applicant #1	Applicant #2	Applicant #3
Bank Name/Address			
Account No.			
Type of Account			
Bank Name/Address			
Account No.			
Type of Account			
Bank Name/Address			
Account No.			
Type of Account			

7. In Case of Emergency Notify:

	Applicant #1	Applicant #2	Applicant #3
Name			
Address			
Phone			
Relationship			

8. Rental and Credit History:

a. Reason for leaving current residence:

Applicant #1	Applicant #2	Applicant #3

b. Have you ever been rejected for t	enancy: If res, piease explain.	
Applicant #1	Applicant #2	Applicant #3
Yes /No	Yes /No	Yes /No
c. Have you ever refused to pay rer sued by a landlord for matters rel	nt when due, been a defendant in an unlawful de ated to a tenancy? If so, please give details,	tainer action or eviction, or otherwise been , and the status of any pending actions:
Applicant #1	Applicant #2	Applicant #3
Yes /No	Yes /No	Yes /No
d. Have you ever filed for bankrupto	y? If so, please give dates of filing and status of ca	se:
Applicant #1	Applicant #2	Applicant #3
Yes /No	Yes /No	Yes /No
e. Please give the names and phone	numbers for three references:	
Applicant #1	Applicant #2	Applicant #3
Name: Phone #:	Name: Phone #:	Name: Phone #:
Name: Phone #:	Name: Phone #:	Name: Phone #:
Name:	Name:Phone #:	Name: Phone #:

Applicant #1 _Yes /NoCA 11. APPLICATION FEE/THIRD PARTY COSTS/AP following, non-refundable amounts: i) an Application of the amount of at the time this 12 of this Application. The Application Depos Agreement. 12. OBLIGATION TO ENTER INTO LEASE AGREE right to remove the Dwelling Unit from the avail refunded to Applicant. If this Application is application between the Application Deposit equal to Lair Residential Landlord Tenant Act ("VRLTA"). 13. GUARANTY. Please provide the following in Selection Criteria of Listing Broker or Landlord. Name of Guarantor: Relationship: SSN/ITIN: Date of Birth: Address: Phone Number:	PLICATION DEPOSIT: cation Fee in the am of Application is made, it will convert into MENT/ DAMAGES: U able rent list. If this roved and Applicant adlord's actual dama	OTORCYCLE : Each Applicate frount of In addition, which may be the Security Upon submission application is fails to rent tages and experi	, the Applicant me refundable to Deposit on the on of this Applicate denied by Landthe Dwelling Uninses as provided	, and (ii) payment nust pay an Application Depo Applicant, in accordance with Commencement Date of the tion by Applicant, Agent resolord, the Application Deposite, Landlord shall be entitled in Section 55-248.6:1 of the
10. CHECK IF ANY APPLICANT OWNS:CA 11. APPLICATION FEE/THIRD PARTY COSTS/AP following, non-refundable amounts: i) an Application party costs incurred by Landlord in the amount of at the time this 12 of this Application. The Application Depose Agreement. 12. OBLIGATION TO ENTER INTO LEASE AGREE right to remove the Dwelling Unit from the avail refunded to Applicant. If this Application is appethat part of the Application Deposit equal to Lar Residential Landlord Tenant Act ("VRLTA"). 13. GUARANTY. Please provide the following in Selection Criteria of Listing Broker or Landlord. Name of Guarantor:	MPERMC PLICATION DEPOSIT: cation Fee in the am of Application is made, it will convert into MENT/ DAMAGES: U able rent list. If this roved and Applicant adlord's actual dama	Each Applican nount of In addition, which may be the Security Upon submission Application is t fails to rent tages and expen	nt must pay at to , the Applicant me refundable to Deposit on the on of this Applica s denied by Land the Dwelling Uni	TRUCKT he time this Application is n, and (ii) payment rust pay an Application Depo Applicant, in accordance with Commencement Date of tl tion by Applicant, Agent rese lord, the Application Deposit t, Landlord shall be entitled in Section 55-248.6:1 of the
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Name of Guarantor : Relationship: SSN/ITIN: Date of Birth: Address:			will be guarantee	ed, in accordance with the Re
Relationship: SSN/ITIN: Date of Birth: Address:				
SSN/ITIN: Date of Birth: Address:				
Date of Birth: Address:				
Address:				
Phone Number:				
Phone Number:				
Name of Guarantor :				
Relationship:				
SSN/ITIN:				
Date of Birth:				
Address:				
Phone Number:				

CRIMINAL HISTORY: Has any Applicant ever been convicted of, pleaded guilty to, or entered a plea of no contest to any felony, or

Relationship: SSN/ITIN:		
SSN/ITINI:		<u> </u>
JJ14/11114.		<u> </u>
Date of Birth:		<u> </u>
Address:		
		<u> </u>
		<u> </u>
Phone Number:		
information on the Dwelling Unit, incregistered under Chapter 23 (sec. 19 contacting your local police departm www.vsp.state.va.us. Upon Applicant's 15. INFORMATION CORRECT: Each Applicant's knowledge and be such background checks as determined	plicant should exercise whatever due diligence cluding without limitation, mold, lead-based paid 2-387 et seq.) of Title 19. Information regarding nent or the Department of State Police, Centerequest, Landlord will provide Applicant with a composition of the police of	int, pests or insects, and any sexual offenders gregistered sex offenders may be obtained by tral Records Exchange at (804) 674-2000 or ppy of the Lease Agreement for review. Intained in this Application is true and correct to roker to conduct a credit check on Applicant and
rejection of this Application.		
16. OTHER PROVISIONS:		
We have read the terms and conditions Agreement.	of this Application. We understand this is a bindin	ng contract separate and apart from the Lease
Agreement.		
Applicant #1 Signature	Applicant #2 Signature	Applicant #3 Signature
Applicant #1 Signature Date:	Applicant #2 Signature Date:	Applicant #3 Signature Date:
Applicant #1 Signature Date: Type of ID:	Applicant #2 Signature Date: Type of ID:	Applicant #3 Signature Date: Type of ID:
Applicant #1 Signature Date: Type of ID:	Applicant #2 Signature Date:	Applicant #3 Signature Date: Type of ID:
Applicant #1 Signature Date: Type of ID: Copy of Photo ID: Yes / No	Applicant #2 Signature Date: Type of ID: Copy of Photo ID: Yes /No	Applicant #3 Signature Date: Type of ID: Copy of Photo ID: Yes /No
Applicant #1 Signature Date: Type of ID: Copy of Photo ID: Yes / No	Applicant #2 Signature Date: Type of ID:	Applicant #3 Signature Date: Type of ID: Copy of Photo ID: Yes /No
Applicant #1 Signature Date: Type of ID: Copy of Photo ID: SIGNATURE OF GUARANTOR: Date: SIGNATURE OF GUARANTOR:	Applicant #2 Signature Date: Type of ID: Copy of Photo ID: Yes /No	Applicant #3 Signature Date: Type of ID: Copy of Photo ID:Yes /No
Applicant #1 Signature Date:	Applicant #2 Signature Date: Type of ID: Copy of Photo ID: Yes /No	Applicant #3 Signature Date: Type of ID: Copy of Photo ID:Yes /No
Applicant #1 Signature Date: Type of ID: Copy of Photo ID: SIGNATURE OF GUARANTOR: Date: Date:	Applicant #2 Signature Date: Type of ID: Copy of Photo ID: Yes /No	Applicant #3 Signature Date: Type of ID: Copy of Photo ID: Yes / No

The undersigned acknowledges the receipt of the following fees and deposits:

Арр	olicant #1		Applicant #2	Appli	icant #3
Application fee:\$		Application	on fee:\$	Application fee:\$	
Check No	or Cash	Check No	o or Cash	Check No	or Cash
hird Party Costs:\$_		Third Par	ty Costs:\$	Third Party Costs:\$	
Check No	or Cash	Check No	o or Cash	Check No	_ or Cash
An Application De which shall be dep Lease Agreement.	osited in the Land	nt of \$ llord or Authorized <i>A</i>	Agent's escrow account within f	, paid by check number _ ive (5) days after the Commo	, or cash encement Date of the
SIGNATURE OF Red Date://	cipient:				
Phone number:				r number:	
			OFFICE USE ONLY		
Application Receiv	ed: Date		Time		
Application Review	ved By				
Accepted □	Rejected □	Withdrawn 🗆	Applicant notified; Date	Time	
DISCLOSURES:	If applicable, App Military Air Insta Defective Drywa	llation	vided with the following disclos	ures	

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