



Application for Tenancy

Maily Roberts-Jacobs, Property Manager/Realtor ®

All persons over the age of 21 who will reside in the Dwelling Unit must complete this Application

Application is hereby made to lease the Dwelling at ... beginning on the ... day of ... (month). Lease term requested: ... Pet Fee: \$... Monthly Rent: \$... Shown By: ...

APPLICANT INFORMATION

Applicant Name: ... SS#: ... Date of Birth: ... Home Phone #: ... E-mail: ... Cell Phone#: ... Work Phone #: ... Current Street Address: ... City: ... State: ... Zip: ... How long at current address: ... If applicable, relationship to co-applicant: ... Rent or Own Monthly Rent: \$... Do you have a lease: Yes No Lease Expiration Date: ... Notice to Vacate Given: Yes No

Name of current landlord: ... Phone: ... Fax and/or email: ...

Name of former landlord (1): ... Phone: ... Fax and/or email: ... Former Address: ... How long at address: ... Lease Expiration: ... Rent or Own If Own, where: ...

Name of former landlord (2): ... Phone: ... Fax and /or email: : ... Former Address: : ... How long at address: ... Lease Expiration: : ... Own real estate: Yes No If own, where: ...

In case of emergency or death, notify: Name: (not co-applicant) ... Relationship: ... Address: ... Phone: ... Cell Phone: ... Work Phone: ... E-mail: ...

Employment Information for Applicant:

Employer: _____ Occupation: _____

Employer's Address: _____

Length of Employment: _____ Supervisor: _____ Phone: _____

Salary: \$ _____ Per (week/month/year)

Additional income* amount \$ _____ Source _____

***Applicant need not disclose alimony, child support or separate maintenance income or its source, unless applicant wishes it to be considered for the purpose of the application for tenancy.**

If military, complete the following (attach copy of orders/LES):

Duty Station: _____ Rank/Rate: _____

Commanding Officer: _____ Phone: _____

Report Date: _____ / _____ / _____ End of current enlistment: _____ / _____ / _____

Credit Information

Do you have any judgments and/or collections? Yes No

Have you ever filed for Bankruptcy? Yes No If yes, provide discharge date: _____ / _____ / _____

Have you ever been sued or evicted for nonpayment of rent? Yes No

Have you ever been subject to a foreclosure? Yes No Do you have any liens? Yes No

If you have answered yes to any of the above, please explain in detail: _____

Outstanding Debts	Payment	Outstanding Debts	Payment
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Banking & Insurance Information

Bank: _____ Account #: _____

Bank: _____ Account #: _____

Address: _____

CO-APPLICANT INFORMATION

Applicant Name: _____ SS#: _____

Date of Birth: _____ / _____ / _____

Home Phone #: _____ E-mail: _____

Cell Phone: _____ Work Phone: _____

Current Street Address: _____ City: _____

State: _____ Zip: _____ How long at current address: _____

If applicable, relationship to co-applicant: _____

Rent or Own Monthly Rent: \$ _____ Do you have a lease: Yes No

Lease Expiration Date: _____ / _____ / _____ Notice to Vacate Given: Yes No

Name of current landlord: _____

Phone: _____ Fax and/or email: _____

Former Address: _____

Name of former landlord: _____

Phone: _____ Fax and/or email: _____

Own real estate: Yes No If yes, where: _____

Name of former landlord (1): _____

Phone: _____ Fax and/or email: _____

Former Address: _____

How long at address: _____ Lease Expiration: _____

Rent or Own If Own, where: _____

Name of former landlord (2): _____

Phone: _____ Fax and/or email: _____

Former Address: : _____

How long at address: _____ Lease Expiration: _____

Own real estate: Yes No If own, where: _____

Employment Information

Employer: _____ Occupation: _____

Employer's Address: _____

Length of Employment: _____ Supervisor: _____ Phone: _____

Salary: \$ _____ Per (week/month/year)

Additional income* amount \$ _____ Source _____

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_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Banking & Insurance Information

Bank: _____ Account #: _____

Bank: _____ Account #: _____

Address: _____

In case of emergency or death, notify: Name (**not co-applicant**) _____

Relationship: _____ Address: _____ Phone: _____

Cell Phone: _____ Work Phone: _____ E-mail: _____

Do you have renters insurance? Yes No

Copy of policy? Yes No

Do you have a waterbed? Yes No

Insurance for waterbed? Yes No

Do you require a hearing impaired smoke detector? Yes No

Do you have any pets? Yes No

How many? _____

Spayed/Neutered? Yes No

Type(s)/Weight(s): _____ Age(s) of pets: _____

If you have a pet, there is an additional per pet application charge which is administered by a third-party pet screening tool. Please go to the following link to register your individual pet:

<https://www.petscreening.com/referral/KkY5RCj2024ZH>

List all persons who will occupy the rental premises:

Name	Relationship	Date of Birth	SSN

RENTAL APPLICATION AGREEMENT

I hereby apply to lease the Dwelling Unite for the term and upon the condition set forth on the Application for Tenancy) the “Application”), and agree that the rent is to be payable the 1st. day of each month in advance. As part of my Application, I have paid the following amounts:

Application Fee: \$ _____

Application Deposit: \$ _____

The Application Fee is non-refundable, and is an offer to the Agent’s cost, time, and expense of processing my initial Application. The Application Deposit is not a security deposit, but will convert into the Security Deposit on the Commencement Date of the Lease Agreement, as permitted by applicable law. Upon submission of this Application by Applicant, Landlord and Agent reserve the right to remove the Dwelling Unit from the available rent list. We will notify you whether your Application has been approved within three (3) days after receipt. You hereby waive any claim for damages by reason of non-acceptance. If this Application is denied by Landlord, the Application Deposit shall be refunded to Applicant. If this application is approved, then you and all co-applicants must sign the Lease Agreement on or prior to your scheduled move-in date. If approved and you fail to rent the Dwelling Unit, Landlord shall be entitled to retain that part of the Application Deposit equal to Landlord’s actual damages and expenses as provided in Section 55-248-6:1 of the Virginia Residential Landlord Tenant Act (“VRLTA”), and may also be entitled to actual damages under 55-248.35 of the VRLTA after the Effective Date of the Lease Agreement.

Each Applicant certifies information provided in this Application is true and accurate to the best of their knowledge. The Landlord and Agent have each Applicant’s permission to obtain credit history and criminal background information, and verify any information provided. Each Applicant also authorizes any current or prior landlords or their agents to release information about each Applicant to the Owner and Agent.

If any applicant withholds or gives false information, this Application may be rejected, or may result in the immediate termination of your Lease Agreement (if previously approved), and legal action against you under the term of the Lease Agreement.

Landlord carries insurance on the dwelling only. You must acquire renters insurance for your own household goods. Proof of renter’s insurance is required before you may occupy the property. Neither the Agent nor Landlord is responsible for damages to your personal property.

Landlord and Agent comply with all federal, state and local laws including fair housing laws which prohibit discrimination based on race, creed, color, religion, national origin, familial status, sex, elderliness, handicap, or any other protected class.

Megan’s Law Disclosure:

Applicant(s) should exercise whatever due diligence they deem necessary with respect to information on any sex offenders registered under Chapter 23 (19.2-387 et seq.) of Title 19.3. Such information may be obtained by contacting your local police department or the Virginia State Police, Central Criminal Records Exchange, at 804-674-2000 or on the Internet at <http://sex-offender.vsp.virginia.gov.sor/>. Each applicant understands that the agent represents the Owner of the premises and acknowledges having received a copy of this application at the time it was submitted.

Applicant’s Signature: _____

Co-Applicant’s Signature: _____

Application(s) submitted on: ____/____/____ at _____ a.m./p.m. (Date) (Time)