

City State Zip Landlord's Tel #: _____
 Previous Address: _____ Years: _____ Landlord: _____
 Street / P.O. Box

City State Zip Landlord's Tel #: _____
 Co-Applicant Employed By: _____ How long? _____

Position: _____ Salary \$ _____ Supervisor: _____ Telephone: _____

3. Other Occupants: Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____

4. Number of Vehicles: _____

5. Pets: Kind: _____ Type: _____ Color: _____ Weight: _____ Name: _____
 Other: _____ How Many: _____ ID TAG #: _____

6. If you are presently in Armed Services, state:

Applicant	Co-Applicant
Branch: _____	Branch: _____
Rank: _____	Rank: _____
Outfit: _____	Outfit: _____
Telephone: _____	Telephone: _____

7. Other Income:

Applicant
 Amount \$ _____ Per: _____ Source Of: _____
 Co-Applicant
 Amount \$ _____ Per: _____ Source Of: _____

8. Complete and specifically list any debts now outstanding (attach additional sheet if necessary).

CREDITOR	ADDRESS	ACCOUNT NO.	MONTHLY PAYMENT
			\$
			\$
			\$
			\$

CHECKING ACCOUNT NO.	BANK		ADDRESS	
SAVINGS ACCOUNT NO.	BANK		ADDRESS	
AUTOMOBILE: MAKE YR.	MODEL	FINANCED BY AND ADDRESS	MO. PAYMENT	LICENSE #:
AUTOMOBILE: MAKE YR.	MODEL	FINANCED BY AND ADDRESS	MO. PAYMENT	LICENSE #:

9. CHECK IF YOU OWN: CAMPER MOTORCYCLE BOAT TRUCK TRAILER

10. In Case of Emergency Notify:

Name	Address	Phone	Relationship
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11. APPLICATION FEE/THIRD PARTY COSTS/APPLICATION DEPOSIT: A non-refundable Application Fee in the amount of \$25.00/\$32.00unmarried coup accompanies this Application. In addition, third party costs incurred by Landlord in the amount of 25.00 accompanies this Application. An Application Deposit of _____ accompanies this Application and will become the Security Deposit upon commencement of the Lease Agreement.

12. OBLIGATION TO ENTER INTO LEASE AGREEMENT/ DAMAGES: Upon submission of this Application by Applicant, Agent reserves the right to remove the Dwelling Unit from the available rent list. If this Application is approved and Applicant fails 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 otherwise provided in the Virginia Residential Landlord Tenant Act ("VRLTA").

13. DISCLOSURE OF BROKERAGE RELATIONSHIP: Landlord and Applicant confirm that in connection with the transaction contemplated by this Application, the Listing Broker and its salespersons represent Landlord, and the Leasing Broker and its salespersons represent Landlord ___ or Applicant ___. If Listing Broker is engaging in dual or designated agency, a separate consent agreement has been entered into by Listing Broker and Applicant.

14. RENTAL AND CREDIT HISTORY:

(a) Reason for leaving current residence: _____

(b) Has any Applicant ever been rejected for tenancy? Yes ___ ; No ___ . If yes, please explain: _____

(c) Has any Applicant ever refused to pay rent when due, been a defendant in an unlawful detainer action or eviction, or otherwise been sued by a landlord for matters related to a tenancy? If so, please give details, and the status of any pending actions: _____

(d) Has any Applicant ever filed for bankruptcy? Yes ___ ; No ___ . If so, please give dates of filing and status of case: _____

(e) Please give the names and phone numbers of three references:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

(f) Please provide the following information if the Lease Agreement will be guaranteed, in accordance with the Rental Selection Criteria of Listing Broker or Landlord.

Name of Guarantor: _____ Relationship: _____

SSN/ITIN: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Name of Guarantor: _____ Relationship: _____

SSN/ITIN: _____ Date of Birth: _____

Address: _____

Phone Number: _____

15. CRIMINAL HISTORY: Has any Applicant ever been convicted of, pleaded guilty to, or entered a plea of no contest to any felony, or to any misdemeanor involving a crime of moral turpitude in any jurisdiction?

YES ___ NO ___

If the answer is yes, please give all details, including the specific offense(s), date(s), sentence(s) and jurisdiction(s) in which the offenses occurred, as well as any information on the status of any current probation.

16. APPLICANT INVESTIGATION: Applicant should exercise whatever due diligence Applicant deems necessary with respect to information on any sexual offenders registered under Chapter 23 (sec. 19.2-387 et seq.) of Title 19. Such information may be obtained by contacting your local police department or the Department of State Police, Central Records Exchange at (804) 674-2000 or www.vsp.state.va.us/.

17. INFORMATION CORRECT: Applicant hereby certifies that the information contained in this Application is true and correct to the best of Applicant's knowledge and belief. Applicant hereby authorizes Listing Broker to conduct a credit check on Applicant and such background checks as determined appropriate by Listing Broker to verify information provided herein by Applicant for approval or rejection of this Application and agreed to pay for the third party costs identified in Paragraph 11 above.

18. OTHER PROVISIONS: A non-refundable pet deposit of \$150.00 is due at the time of execution of the agreement.

We have read the terms and conditions of this Application. We understand this is a binding contract separate and apart from the Lease Agreement.

SIGNATURE OF APPLICANT _____ Date _____

SIGNATURE OF APPLICANT _____ Date _____

SIGNATURE OF GUARANTOR _____ Date _____

SIGNATURE OF GUARANTOR _____ Date _____

LISTING BROKER TO VERIFY APPLICANT'S IDENTIFICATION

TYPE OF IDENTIFICATION _____

The undersigned acknowledges receipt from Applicant of the sum of \$ _____ payable to _____, which amount consists of an Application Fee in the amount of \$ _____ and an Application Deposit in the amount of \$ _____.

Signature of Recipient

Date Received

This Application for Lease is hereby ACCEPTED as of the _____ day of _____, _____.

Signature of Landlord or Listing Broker

Leasing Broker's Address _____

Phone number: _____ Cell phone or pager number: _____

Email: _____

Broker's Code: _____

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