

# APPLICATION FOR LEASE

(If accepted below by landlord or REALTOR, this is a legally binding contract. If not understood, seek competent advice before signing.)

Date \_\_\_\_\_

Application is made to lease premises known as:

**3924 Red Bird Lane, Woodbridge VA. 22193**

for \_\_\_\_\_ years, beginning on the \_\_\_\_\_ day of \_\_\_\_\_ for the monthly rent of **\$2,400.00**, payable in advance on the **1<sup>st</sup>** day of each month. Rent commences on the \_\_\_\_\_ day of \_\_\_\_\_. It is understood the premises are to be used as a single family residence occupied by no more than \_\_\_\_\_ persons and the occupancy is contingent upon property being vacated by present occupant. All personal property placed in said premises shall be at tenant's risk. An earnest money deposit in the amount of **\$1200.00** is made herewith to be held by the Landlord(s) **Timothy L. Deaver and Kristi L. Deaver** with clear understanding that this application, including each prospective occupant, is subject to approval and acceptance by landlord/owner/agent; and that after approval and acceptance by landlord/owner/agent the applicants(s) shall execute a mutually acceptable lease form within **10 days** of acceptance by landlord/owner/agent. If the applicant(s) does not/do not execute the Lease, the deposit, at the option of the Landlord/Owner/Agent, shall be returned to the Applicant(s) less actual damages suffered, including (but not limited to) lost rental income, Agent's commission and cost of advertising. Tenant is aware that liability insurance including Owner/Agent as additional insured will be required within 30 days of lease signing (with copy forwarded to Owner/Agent). A COPY OF THE LEASE MAY BE REVIEWED THROUGH THE LANDLORD/OWNER. \_\_\_\_\_ Initials

In the event there is a Condominium or Property Owner's Association for the Property, the Landlord/Owner agrees to provide to the tenant prior to lease execution, copies of current Rules and Regulations pertaining to the Property.

If this Application is neither approved nor accepted by the Landlord/Owner/Agent, the Deposit shall be refunded.

Applicant herewith submits the amount of **\$50.00** as payment for Rental Processing Fee(s). THIS AMOUNT IS NON-REFUNDABLE.

Where can you be reached prior to the lease term? Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Deposit monies paid by: (circle one)     CHECK     CASH     MONEY ORDER     TRAVELERS CHECK

ALL ADULT NAMES WILL APPEAR ON LEASE	LAST NAME	FIRST	M INITIAL	DATE OF BIRTH	SOC SEC #
(Both husband and wife must be on lease. If unmarried, separate application must be completed by each adult).	1. _____				
	2. _____				
<b>Children, other occupants and their relationship</b>	1. _____			Age _____ Relationship _____	
	2. _____			Age _____ Relationship _____	
	3. _____			Age _____ Relationship _____	
	4. _____			Age _____ Relationship _____	

Description of Pets (subject to approval)	1. Kind _____ Breed _____ Weight _____ Age _____ Gender _____	2. Kind _____ Breed _____ Weight _____ Age _____ Gender _____

**PRESENT ADDRESS** \_\_\_\_\_ Street No. & Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Lived there for how long? \_\_\_\_\_ Rented \_\_\_\_\_ Owned \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Name of Landlord or Mortgage Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Reason(s) for moving: \_\_\_\_\_

**PREVIOUS ADDRESS**

Street No. & Name	City	State	Zip Code
Lived there for how long? _____ Rented _____ Owned _____		Monthly Payment _____	
Name of Landlord or Mortgage Company _____ Phone (_____) _____			

**EMPLOYMENT OF ALL ADULTS TO APPEAR ON LEASE:**

1. Applicant _____	Where Employed	How Long
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Business Address	Supervisor	Phone
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Position	Salary	Per Mo/Wk/Hr
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2. Applicant _____	Where Employed	How Long
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Business Address	Supervisor	Phone
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Position	Salary	Per Mo/Wk/Hr
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If any of the above current employments is less than two years, complete the following:

Applicant # _____	Where Employed	How Long
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Business Address	Supervisor	Phone
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Position	Salary	Per Mo/Wk/Hr
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If applicant is self employed, please attach copies for the past two years of (a) Form 1040 and (b) Tax Schedule C.

Additional income: Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Source\* \_\_\_\_\_

\*If child support or alimony, who can verify?

Applicant need not disclose alimony, child support, or separate maintenance income or its source, unless applicant wishes it to be considered for purpose of this Application for Lease.

Has applicant/co-applicant ever been evicted or had judgment issued against him/her?

**CIRCLE ONE**

YES NO

Are there any outstanding judgments against applicant/co-applicant?

YES NO

Has applicant/co-applicant had property foreclosed upon or given title or deed in lieu thereof in the past 7 years?

YES NO

Is applicant/co-applicant party to a lawsuit?

YES NO

Is applicant/co-applicant obligated to pay alimony, child support or separate maintenance?

YES NO

Is applicant/co-applicant a co-maker or endorser on note?

YES NO

If applicant/co-applicant answered "YES" to any of the above questions, Please explain:

Will any person(s) named above require a visual smoke detector for the deaf or hearing impaired?

YES NO

Do you own or plan to purchase a water bed?

YES NO

**AUTOMOBILES, CAMPERS, VANS, TRAILERS, TRUCKS, COMMERCIAL VEHICLES, ETC.**

Make	Model	Year	Color	State
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**BANK REFERENCES (Checking/Savings)**

Name _____	Acct. No. _____	Balance _____
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Name _____	Acct. No. _____	Balance _____
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CREDIT CARD REFERENCES (print all digits)

Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Balance \_\_\_\_\_  
Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Balance \_\_\_\_\_

MONTHLY PAYMENTS

Automobile	To: _____	Amount: _____	Balance _____
Real Estate	To: _____	Amount: _____	Balance _____
Other (alimony, child support, taxes, etc	To: _____	Amount: _____	Balance _____
	To: _____	Amount: _____	Balance _____

**I HAVE SEEN THE CONDITION OF THE PROPERTY AND MAKE THIS APPLICATION TO LEASE THE PROPERTY IN ITS PRESENT PHYSICAL CONDITION EXCEPT AS FOLLOWS:**

I hereby authorize the persons or firm to whom this application is made, any credit bureau or other investigative agency employed by such persons or firm, to investigate the references herein listed or statements or other data obtained from me or from any person pertaining to my credit and financial responsibility.

**I hereby certify that the above information is true and complete to the best of my knowledge**

Leasing Agent \_\_\_\_\_ Applicant \_\_\_\_\_  
Applicant \_\_\_\_\_

Applicant acknowledges receipt of a copy of this application

FOR OFFICE USE ONLY

Application is: Approved / Disapproved \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Applicant notified \_\_\_\_\_ Date \_\_\_\_\_ By Whom \_\_\_\_\_