



**VIRGINIA ASSOCIATION OF REALTORS®  
APPLICATION FOR RESIDENTIAL LEASE**

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



The property will be shown and made available to all persons without regard to any protected class under federal, state or local fair housing law or regulations, or the REALTOR® Code of Ethics.

This Application for Residential Lease (the "Application") is made as of \_\_\_\_\_, \_\_\_\_\_ by and between \_\_\_\_\_ ("Applicant") and \_\_\_\_\_ ("Landlord") through \_\_\_\_\_

**First Virginia Homes** ("Listing Broker" or "Agent", who represents Landlord), and \_\_\_\_\_ ("Leasing Broker", who does  OR does not  represent Applicant. If Listing Broker is engaging in dual or designated agency, a separate consent agreement has been entered into by Listing Broker and Applicant.

Applicant hereby applies for a residential dwelling unit (the "Dwelling Unit") located at \_\_\_\_\_, Virginia, in the City/County of \_\_\_\_\_, for occupancy commencing on \_\_\_\_\_ at an initial monthly rent payment of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_). All persons over the age of 18 who will reside in the Dwelling Unit must complete this Application.

**PLEASE FILL IN ALL INFORMATION COMPLETELY**

**1. Applicant Information.**

	Applicant #1	Applicant #2	Applicant #3
Name			
SSN/TIN			
Date of Birth			
Home #			
Work #			
Cell Phone #			
Email Address			
Present Address			
Rental Amount			
Years			
Landlord			
Landlord Address			
Landlord Phone			
Previous Address			
Rental Amount			
Years			
Landlord			

	Applicant #1	Applicant #2	Applicant #3
Landlord Address			
Landlord Phone			
Presently Employed By			
How long?			
Position			
Salary (Wk., Mo., Yr.)	\$	\$	\$
Supervisor			
Telephone			
Formerly Employed By			
How long?			
Supervisor			
Other Occupants: Name/Age/Relationship			
Email Address:			

**2. Vehicle Information:**

	<u>Applicant #1</u>	<u>Applicant #2</u>	<u>Applicant #3</u>
Number of Vehicles			
Make			
Model			
License #			

**3. Animals:**

	<u>Animal #1</u>	<u>Animal #2</u>	<u>Animal #3</u>
<u>Name of Animal</u>			
Type			
Breed			
Color			
Weight			

**4. If you are presently in the Armed Services, state:**

	Applicant #1	Applicant #2	Applicant #3
Branch			
Rank			
Outfit			
Telephone			

**5. Other Income You Would Like Landlord to Consider:**

	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 tenancy? If Yes, please explain:

Applicant #1	Applicant #2	Applicant #3
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. Have you 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:**

Applicant #1	Applicant #2	Applicant #3
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

d. Have you ever filed for bankruptcy? If so, please give dates of filing and status of case:

Applicant #1	Applicant #2	Applicant #3
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ Phone #: _____	Name: _____ Phone #: _____	Name: _____ Phone #: _____

9. 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 for a crime that involved harm to any other person or property, or moral turpitude? **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.**

Applicant #1	Applicant #2	Applicant #3
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. SERVICEMEMBERS: For purposes of this Section 10, a "Servicemember" is defined as a member of the armed forces of the United States or a member of the Virginia National Guard serving on fulltime duty or a Civil Service technicians with a National Guard unit, and "Military Orders" is defined as: (i) a permanent change of station orders to depart thirty-five miles or more (radius) from the location of the Premises; (ii) temporary duty orders in excess of three months' duration to depart thirty-five miles (radius) from the location of the Premises; (iii) a discharge or release from active duty with the armed forces of the United States or from full-time duty or technician status with the Virginia National Guard; or (iv) an order to report to government-supplied quarters resulting in the forfeiture of basic allowance for quarters.

Applicant #1	Applicant #2	Applicant #3
Are you currently a Servicemember? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently a Servicemember? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently a Servicemember? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you currently have any pending Military Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, do you currently have any pending Military Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, do you currently have any pending Military Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No

11. CHECK IF ANY APPLICANT OWNS:     CAMPER     MOTORCYCLE     BOAT     TRUCK     TRAILER

12. APPLICATION FEE/THIRD PARTY COSTS/APPLICATION DEPOSIT: Each Applicant must pay at the time this Application is made the following, non-refundable amounts: i) an Application Fee in the amount of \_\_\_\_\_, and (ii) payment for third party costs incurred by Landlord in the amount of \_\_\_\_\_. In addition, the Applicant must pay an Application Deposit in the amount of \_\_\_\_\_ at the time this Application is made, which may be refundable to Applicant, in accordance with Section 13 of this Application. The Application Deposit will convert into the Security Deposit on the Commencement Date of the Lease.

13. OBLIGATION TO ENTER INTO LEASE/ 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 denied by Landlord, the Application Deposit shall be refunded to Applicant. 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 provided in Section 55-248.6:1 of the Virginia Residential Landlord Tenant Act ("VRLTA").

14. GUARANTY. Please provide the following information if the Lease 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: \_\_\_\_\_

Name of Guarantor: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SSN/ITIN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

15. APPLICANT INVESTIGATION: Applicant should exercise whatever due diligence Applicant deems necessary with respect to information on the Dwelling Unit, including without limitation, mold, lead-based paint, pests or insects, and any sexual offenders registered under Chapter 23 (sec. 19.2-387 et seq.) of Title 19. Information regarding registered sex offenders 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](http://www.vsp.state.va.us). Upon Applicant's request, Landlord will provide Applicant with a copy of the Lease for review.

16. INFORMATION CORRECT: Each Applicant hereby certifies that the information contained in this Application is true and correct to the best of Applicant's knowledge and belief. Each 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.

17. OTHER PROVISIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<b>APPLICANT #1 SIGNATURE</b> _____	<b>APPLICANT #2 SIGNATURE</b> _____	<b>APPLICANT #3 SIGNATURE</b> _____
Date: _____	Date: _____	Date: _____
Type of ID: _____	Type of ID: _____	Type of ID: _____
Copy of Photo ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Photo ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Photo ID: <input type="checkbox"/> Yes <input type="checkbox"/> No

**SIGNATURE OF GUARANTOR:** \_\_\_\_\_  
Date: \_\_\_\_\_

**SIGNATURE OF GUARANTOR:** \_\_\_\_\_  
Date: \_\_\_\_\_

**SIGNATURE OF GUARANTOR:** \_\_\_\_\_  
Date: \_\_\_\_\_

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

Applicant #1	Applicant #2	Applicant #3
Application fee: \$ _____	Application fee: \$ _____	Application fee: \$ _____
Check No. _____ or Cash <input type="checkbox"/>	Check No. _____ or Cash <input type="checkbox"/>	Check No. _____ or Cash <input type="checkbox"/>
Third Party Costs: \$ _____	Third Party Costs: \$ _____	Third Party Costs: \$ _____
Check No. _____ or Cash <input type="checkbox"/>	Check No. _____ or Cash <input type="checkbox"/>	Check No. _____ or Cash <input type="checkbox"/>

An Application Deposit in the amount of \$ \_\_\_\_\_, paid by check number \_\_\_\_\_, or cash  which shall be deposited in the Landlord or Agent's escrow account within five (5) business banking days after the approval of this Application, if approved.

SIGNATURE OF Recipient: \_\_\_\_\_  
Date: \_\_\_\_\_

Leasing Broker's Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Cell phone or pager number: \_\_\_\_\_  
Email: \_\_\_\_\_

OFFICE USE ONLY	
Application Received: Date _____	Time _____
Application Reviewed By _____	
Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Withdrawn <input type="checkbox"/>	Applicant notified; Date _____ Time _____
DISCLOSURES: If applicable, Applicant has been provided with the following disclosures	
_____ Military Air Installation	
_____ Defective Drywall	

COPYRIGHT©2016 by the VIRGINIA ASSOCIATION OF REALTORS®. All rights reserved. This form may be used only by members in good standing with the VIRGINIA ASSOCIATION OF REALTORS®. The reproduction of this form, in whole or in part, or the use of the name "VIRGINIA ASSOCIATION OF REALTORS®", in connection with any other form, is prohibited without prior written consent from the VIRGINIA ASSOCIATION OF REALTORS



# GENERAL AUTHORIZATION LETTER

To Whom It May Concern:

I/We hereby authorize you to release to American Equity Mortgage Corporation the requested information below and grant permission to pull our credit:

**(EACH APPLICANT PLEASE FILL OUT COMPLETELY)**

- |                      |                   |
|----------------------|-------------------|
| 1. Name              | Name              |
| 2. Address           | Address           |
| 3. Social Security # | Social Security # |
| 4. Date of Birth     | Date of Birth     |
| 5. Phone #           | Phone #           |
| 6. E-Mail Address    | E-Mail Address    |

The information is for the confidential use of the lender in determining my/our credit worthiness for a mortgage loan or to confirm information. I/we are aware that the documentation supplied is subject to re-verification after the date of the loan disbursement.

A photographic or fax copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed form is maintained in the AE Mortgage Corporation office.

You may receive marketing information from American Equity Mortgage. You will have the option to "opt out."

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date