



Virginia Rental Application



PROPERTY APPLYING FOR:

6734 Sunset Woods Ct., Burke, VA 22015

Today's Date: _____

Date of anticipated move in: _____

Monthly Rent: \$3,195

Pet Fee/month: TBD

Security Deposit: (1 month's rent)

Personal Information

Full Name _____

Birth Date _____

Social Security # _____

Driver's License # / State _____

Cell # _____

Email _____

Other Occupants

| Full Name - First, Middle, Last | Birth Date | Relationship to You |
|---------------------------------|------------|---------------------|
| | | |
| | | |
| | | |
| | | |

Rental History

Please list your three most recent addresses or from past five years.

| | Current Address | Previous Address | Previous Address |
|---|-----------------|------------------|------------------|
| Street Address / Unit No. | | | |
| City, State, Zip | | | |
| How long at this address (Dates in/out) | | | |
| Manager/Owner Name | | | |
| Manager/Owner Phone/email | | | |
| Rent Amount/month | | | |

Personal & Professional References

| Name | Address | Relationship to You | Cell Phone and Email Address |
|------|---------|---------------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Income

Please list employment from past five years & other sources of income.

Employment History

| | Current Employer | Previous Employer | Previous Employer |
|------------------------------------|------------------|-------------------|-------------------|
| Employed by | | | |
| Position | | | |
| Dates of Employment (From..To) | | | |
| Monthly Income | | | |
| Name of Supervisor | | | |
| Supervisor's Phone #/email | | | |
| Address - Street, City, State, Zip | | | |

Credit Obligations/Debt

| Debt type (ex: mortgage, car, credit card) | Debt Amount | Minimum Monthly Payment |
|--|-------------|-------------------------|
| | | |
| | | |
| | | |
| | | |

| | | |
|--|--|--|
| | | |
|--|--|--|

Other Income Sources

| Type | Monthly Income | Name of Provider | Address - Street, City, State, Zip | Phone # |
|------|----------------|------------------|------------------------------------|---------|
| | | | | |
| | | | | |

Emergency Contact Information

Name _____ Cell # _____ Relationship _____

Address - Street, City, State, Zip _____

Vehicles

| Make & Model | Year | Color | Plate # | State |
|--------------|------|-------|---------|-------|
| | | | | |
| | | | | |
| | | | | |

Other Information

Have you ever been evicted? Yes No

If yes, when & why _____

Have you ever broken a lease? Yes No

If yes, when & why _____

Have you ever been convicted of a felony? Yes No

If yes, when & why _____

Have you ever filed for bankruptcy? Yes No

If yes, when & why _____

Do you currently smoke? Yes No

Do you have any pets? Yes No

If Yes, please list each Pet Name, Type, Breed, Weight, Age _____

How did you find our ad? _____

Agreement & Consent to Background Check

I believe that the statements I have made are true and correct. I hereby authorize the verification of information I provided, communication with any and all names listed on this application and for the issuer of this form to conduct a background check to obtain additional information on credit history, criminal history and all Unlawful Detainers. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for a home or apartment and does not constitute a rental or lease agreement in whole or in part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund.

Signature: _____ Date: _____

CO-SIGNER

(only applicable if someone is assisting applicant with income)

By signing this form, Co-signer authorizes the landlord to perform a credit check or background check, if necessary. Co-signer forms are accepted at the landlord's discretion, and a co-signer form does not in any way guarantee an applicant a rental unit. Failure to fully complete a requested co-signer form may result in the landlord refusing a rental application.

Personal Information

Full Name _____ Birth Date _____ Social Security # _____
Driver's License # / State _____ Cell # _____ Email _____
Current Employer Name /Salary/
Phone# _____

Co-signing for

Full Name _____ Relationship to Applicant _____

It is hereby agreed that the aforementioned Co-signer will assume any and all responsibilities and/or obligations of the Leaseholder's share of expenses if the Leaseholder cannot or will not oblige. This Co-signer Agreement will remain in force throughout the entire term of the Leaseholder's tenancy, even if the tenancy is extended and/or changed in its terms.

Signature: _____ Date: _____