



VIRGINIA ASSOCIATION OF REALTORS® APPLICATION FOR 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 race, color, creed, religion, national origin, sex, familial status, handicap, or elderliness in compliance with all applicable federal and state and local fair housing laws and regulations. This Application for Lease (the "Application") is made as of the ______ day of _____ , ____ by and between ("Applicant", whether one or more) and ("Listing Broker" or "Agent," who represents Landlord), through _____ ("Leasing Broker," who does ____ or does not ____ represent Applicant). Applicant hereby applies for a residential living unit (the "Premises") located at Virginia, in the City/County of _____, for occupancy commencing on _____ at an initial monthly rent payment of _____ Dollars PLEASE FILL IN ALL INFORMATION COMPLETELY 1. Applicant: _____ SSN: ____ Date of Birth: _____ Tel # (H): _____ Cell Phone #: ____ _____ Years: ____ Landlord: ____ Present Address: _____ Street / P.O. Box Landlord's Tel #: Zip City State Years: ____ Landlord: ____ Previous Address: Street / P.O. Box ____ Landlord's Tel #: ____ City State Zip Presently Employed By: _____ How long? _____ Position: _____ Salary \$ _____ (Wk., Mo., Yr.) Supervisor: ____ Telephone: Formerly Employed By: _____ How long? ____ Supervisor: ____ 2. Co-Applicant: _____ SSN: ____ Date of Birth: _____ Tel # (H): _____ Tel # (W): ____ Cell Phone #: Present Address: _____ Years: _____ Landlord: _____ Street / P.O. Box

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				Zip	Landlord's Tel #:	
	Duraniana Addanasa	City	State			
	Previous Address:	Street / P.O. Box		rears:	Landiord:	
		City	State	Zip	Landlord's Tel #:	
	Co-Applicant Employed By	•				ng?
	Position:	Salary \$		Supervisor:		Telephone:
3.	Other Occupants: Name:			Age:	Relationship:	
	Name:			Age:	Relationship:	
	Name:			A ge	Relationshin:	
	rume.				Relationship.	
4.	Number of Vehicles:					
5.	Pets: Kind:	Ту	vpe:	Color:	Weight:	Name:
	Other:			How Man	ny: ID TAG #	<u> </u>
					<i>-</i>	
6.	If you are presently in Arme	d Services, state:		Co Amulianus		
	Applicant			Co-Applicant		
	Rank:			Rank:		
	Serial No.:			Serial No.:		
	Outfit:			Outfit:		
	Telephone:			Telephone:		
7.	Other Income:					
	Applicant Amount \$	Peı		So	ource Of	
		101	•	~	<u></u>	
	Co-Applicant Amount \$	Per	:	Se	ource Of:	
8.	Complete and specifically list a	ny debts now outst	anding (attach ad	ditional sheet if neces	ssary).	
	CREDITOR		ADDRESS		ACCOUNT NO.	MONTHLY PAYMENT
						\$
						\$
						\$
						Ψ

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 Noti	fy:				
Name		Address	P	hone Relationship	
lease agreement upon the comme execution of the lease agreement 12. OBLIGATION TO ENTER the right to remove the Premises fails to execute a lease agreement to Applicant, and begin paying r	encement of the R INTO LEAS! from the availabt in substantially ent on the date	accompanies this Application a lease term. A pet deposit of E; DAMAGES: Upon submission of the rent list. If this application is a sy the form of Landlord's standard is specified in this Application for or Agent at the time this Application.	n of this Application pproved and Applicant lease agreement, a copccupancy of the Premi	by Applicant, Agent reserves and/or Guarantor, if required y of which has been furnished ses, Landlord shall be entitled	
contemplated by this Application	on, the Listing or Applicate by Listing Broke (ISTORY:	TIONSHIP: Landlord and Applic Broker and its salespersons rep at If Listing Broker is engage and Applicant.	present Landlord, and	the Leasing Broker and its	
		r tenancy? Yes; No If	yes, please explain:		
		ent when due, been a defendant in to a tenancy? If so, please giv			
(d) Has any Applicant ever	filed for bankru	pptcy? Yes; No If so, pl	ease give dates of filin	g and status of case:	
Name:	-	ers of three references: Phone Number: Phone Number: Phone Number:			

(f) Please provide the following information if the lease will be guaranteed.

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Name of Guarantor:	Relationship:
Address:	
Phone Number:	
Name of Guarantor:	Relationship:
Address:	
Phone Number:	
	convicted of, pleaded guilty to, or entered a plea of no contest to any l turpitude, drug distribution, or personal injury in any jurisdiction
	e specific offense(s), date(s), sentence(s) and jurisdiction(s) in which th
offenses occurred, as well as any information on the status of a	
information on any sexual offenders registered under Chapter by contacting your local police department or the Departm www.vsp.state.va.us/. 17. INFORMATION CORRECT: Applicant hereby certifies the best of Applicant's knowledge and belief. Applicant here	rcise whatever due diligence Applicant deems necessary with respect to 23 (sec. 19.2-387 et seq.) of Title 19. Such information may be obtained the next of State Police, Central Records Exchange at (804) 674-2000 of the theorem is that the information contained in this Application is true and correct to by authorizes Listing Broker to conduct a credit check on Applicant and the deterministic of the proposal or rejection of this Application.
	e understand this is a binding contract separate and apart from the Lease
SIGNATURE OF APPLICANT	
	Date
CIGNATURE OF ARRIVANT	
SIGNATURE OF APPLICANT	Date
SIGNATURE OF GUARANTOR	Date
	Duc
SIGNATURE OF GUARANTOR	
	Date

LISTING BROKER TO VERIFY APPLICANT'S IDENTIFICATION

TYPE OF IDENTIFICATION _		
The undersigned acknowledges r	eceipt from Applicant of the sum of \$	payable to by which amount consists of an application fee in the amount of
\$	and a security deposit in	n the amount of \$
	Signature of Recipient	t Date Received
This Application for Lease is her	eby ACCEPTED as of the day	y of ,
		Signature of Landlord or Listing Broker
Leasing Broker's Address		
Phone no	Cell phone or pager no	·
Email:		
Broker's Code:		

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