

Instanot

VIRGINIA ASSOCIATION OF REALTORS® APPLICATION FOR LEASE

(This is a legally binding contact. 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, familiar status, handicap, or elderliness in compliance with all applicable federal and state and local fair housing laws and regulations.

-	s Application for Lease, ween				
and	I			(Appli	cant or Tenant, whether one or more
	ough			(Listi	(Landlord ng Broker or Agent, who represen
	ndlord), and				(Leasing Broker, who does
or	does not represent Appl	icant).			
Ap	plicant hereby applies for a	residential living	unit located at		,Virginia, in th
init	ial monthly rent navment of	f	, for occupancy co	mmencing on	, at a).
			N ALL INFORMA		
1.	Applicant:		SSN:		Date of Birth:
	Tel # (H):	Tel # (W):	Cel	Phone #:	Email:
	Present Address:		Years:	Landlord:	
		Street/P.O.	Box		
				Landlord's Tol +	ŧ:
	City	State	Zip	Landiora s rei f	r
	Previous Address:		Years	:Landlord:	
		Street/P.O.	Box		
	City	State	Zip	Landlord's Tel #	t:
	City	State	Zīp		
	Presently Employed By:			How long?	
	Position:		Salary \$	_(Wk., Mo., Yr)	Supervisor:
	Telephone:				
	Formerly Employed By: _		How lo	ng?	Supervisor:
2.	Co-Applicant:		SSN:		Date of Birth:
	Tel # (H):	Tel # (W):	Cel	Phone #:	Email:
	Present Address:			Landlord:	
		Street/P.O.	Box		

This contract is for use by Deborah Bass. Use by any other party is illegal and voids the contract.

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							Landlor	d's Tel #:		
		City		State	Zip					
	Previous A	ddress:				Years:	L	andlord:		
				Street/P.O. Bo	x					
							Landlor	d's Tel #:		
		City		State	Zip					
	Co-Applic	ant Emple	oyed By:				How	long?		
	Position: _			Salary \$		Superv	visor:		_Telephone:	
	Other Occi	upants:	Name: _			Age:		Relationsh	nip:	
			Name:			Age	:	Relations	hip:	
			Name:			Age	:	Relations	hip:	
							and a second s			
	Number of	f Vehicles	:							
	Number of Pets:							Weight:	Name:	
				Туре:	(Color:			Name:	
	Pets:	Kind: _ Other: presently		Туре:	(Many:	Color:	ID			
	Pets: If you are p Applicant	Kind: _ Other: presently		Type: How	(Many:	Color:	ID			
	Pets: If you are p Applicant Rank:	Kind: _ Other: presently	in Armed	Type: How Services, state:	(Many:	Color: Co-App Rank:	ID licant	TAG#:		
	Pets: If you are p Applicant Rank:	Kind: _ Other: presently	in Armed	Type: How	(Many:	Color: Co-App Rank:	ID licant	TAG#:		
i.	Pets: If you are p Applicant Rank: Serial No.:	Kind: _ Other: presently	in Armed	Type: How Services, state:	(Many:	Color: Co-App Rank: Serial N	ID licant lo.:	TAG#:		
i.	Pets: If you are p Applicant Rank: Serial No.: Outfit:	Kind: _ Other: presently	in Armed	Type: How Services, state:	(Many:	Color: Co-App Rank: Serial N Outfit: _	ID licant fo.:	TAG#:		-
i.	Pets: If you are p Applicant Rank: Serial No.: Outfit: Telephone: Other Inco	Kind: _ Other: presently : : me:	in Armed	Type: How Services, state:	(Many:	Color: Co-App Rank: Serial N Outfit: _	ID licant fo.:	TAG#:		-
i.	Pets: If you are p Applicant Rank: Serial No.: Outfit: Telephone: Other Inco Applicant	Kind: Other: presently : :	in Armed	Type: How Services, state:	(Many:	Color: Co-App Rank: Serial N Outfit: _ Telepho	ID licant fo.:	TAG#:		-
i.	Pets: If you are p Applicant Rank: Serial No.: Outfit: Telephone: Other Inco Applicant	Kind: Other: presently : :	in Armed	Type: How Services, state:	(Many:	Color: Co-App Rank: Serial N Outfit: _	ID licant lo.:	TAG#:		-
i.	Pets: If you are p Applicant Rank: Serial No.: Outfit: Telephone: Other Inco Applicant Amount \$ Co-Applica	Kind: _ Other: presently : me: ant	in Armed	Type: How Services, state:	(Many:	Color: Co-App Rank: Serial N Outfit: _ Telepho	ID licant lo.:	TAG#:		-

COMPLETE AND SPECIFICALLY LIST ANY DEBTS NOW OUTSTANDING (ATTACH ADDITIONAL SHEET IF NECESSRY)

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

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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 #
CIRCLE IF YOU OWN: C	AMPED	MOTORCYCLE	BOAT TR	

Will any person named above require a visual smoke detector for deaf or hearing impaired? Yes No

Name

In Case of Emergency Notify: _

Address

Phone Relationship

A non-refundable application fee in the amount of ______must accompany this Application. A deposit of ______must accompany this Application and will become the security deposit provided in the lease agreement upon the commencement of the lease term. A pet deposit of ______is due at the time of execution of the lease agreement.

Upon application by Applicant to become tenants in this residential living unit, Agent will remove the unit from the available rent list. Applicant has been furnished a copy of Landlord's standard lease agreement to review. If this application is approved and Applicant and/or Guarantor, if required, fails to execute a lease agreement in substantially the form of Landlord's standard lease agreement and begin paying rent on the date specified in this Application for occupancy of the premises, Applicant agrees to pay Landlord's actual expenses and damages up to the full amount of the security deposit. Agent reserves the right to make all appropriate deductions from the deposit to recover the Landlord's actual damages and expenses as allowed by applicable Virginia law.

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 ______. If Listing Broker is engaging in dual or designated agency, a separate consent agreement has been entered into by Listing Broker and Applicant.

RENTAL AND CREDIT HISTORY: Reason for leaving current residence: Has any Applicant ever been rejected for tenancy? Yes ___; No ___. If yes, please explain:_____

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:

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

Please give the names and phone num	bers of three references:
Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

Please provide the following information if the lease will be guaranteed.

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Name of Guarantor:	Relationship:
Address:	
Phone Number:	

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.state.va.us/vsp/vsp.html.

The Applicant hereby certifies that the information contained in this Application for Lease 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 an appropriate background check to verify information provided herein by Applicant for approval or rejection of this Application.

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

SIGNATURE OF APPLICANT	1 1
	Date
SIGNATURE OF ADDI ICANIT	1 1
SIGNATURE OF APPLICANT	Date
SIGNATURE OF GUARANTOR	/_/ Date
	Date
LISTING BROKER TO VERIFY APPLICANT'S IDENTIFICATION	
TYPE OF IDENTIFICATION	
TYPE OF IDENTIFICATION	
The undersigned acknowledges receipt from Applicant of the sum of \$	by each or personal check
The undersigned acknowledges receipt from Applicant of the sum of \$	pplication fee in the amount of
payable to, which amount consists of an ap \$and a security deposit in the amount of \$	· · · · · · · · · · · · · · · · · · ·
Signature of Recipient	/ / Date Received
This Application for Lease is hereby ACCEPTED as of the day of,	•
Sig	nature of Landlord or Listing Broker
Leasing Broker's Address	
Dhana na Call shana as sagas na	Emails
Phone no Cell phone or pager no	Email:
Broker's Code:	
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