



RE/MAX Peninsula



# Application for Tenancy

All sections must be completed. Incomplete applications will not be processed. Please Read Carefully, if Not Understood Please Seek Competent Advice.

Application is hereby made to lease \_\_\_\_\_ for a term of \_\_\_\_\_ at \$ \_\_\_\_\_ per month. beginning \_\_\_\_\_

### PERSONAL INFORMATION:

#### APPLICANT

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Relationship to Co-Applicant \_\_\_\_\_  
 Tel. # (Home) \_\_\_\_\_  
 Tel. # (Work) \_\_\_\_\_  
 Tel. # (Cell) \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 \_\_\_\_\_  
 Current Landlord \_\_\_\_\_  
 Landlord Phone \_\_\_\_\_  
 How long at this address \_\_\_\_\_  
 Monthly rent \_\_\_\_\_  
 Type of Lease \_\_\_\_\_  
 Notice Given: Y N  
 Previous Address \_\_\_\_\_  
 \_\_\_\_\_  
 Landlord Name \_\_\_\_\_  
 Landlord Phone \_\_\_\_\_  
 How long at this address \_\_\_\_\_  
 Monthly rent \_\_\_\_\_  
 Type of Lease \_\_\_\_\_  
 Notice Given: Y N

#### CO-APPLICANT (Spouse)

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Relationship to Co-Applicant \_\_\_\_\_  
 Tel. # (Home) \_\_\_\_\_  
 Tel. # (Work) \_\_\_\_\_  
 Tel. # (Cell) \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 \_\_\_\_\_  
 Current Landlord \_\_\_\_\_  
 Landlord Phone \_\_\_\_\_  
 How long at this address \_\_\_\_\_  
 Monthly rent \_\_\_\_\_  
 Type of Lease \_\_\_\_\_  
 Notice Given: Y N  
 Previous Address \_\_\_\_\_  
 \_\_\_\_\_  
 Landlord Name \_\_\_\_\_  
 Landlord Phone \_\_\_\_\_  
 How long at this address \_\_\_\_\_  
 Monthly rent \_\_\_\_\_  
 Type of Lease \_\_\_\_\_  
 Notice Given: Y N

### EMPLOYMENT INFORMATION

#### APPLICANT

Present Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 How Long There \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Salary \_\_\_\_\_ Wk/Mo/Yr \_\_\_\_\_  
 Other Income \_\_\_\_\_  
 Source \_\_\_\_\_  
 Former Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 How Long There \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor \_\_\_\_\_

#### CO-APPLICANT (Spouse)

Present Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 How Long Their \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Salary \_\_\_\_\_ Wk/Mo/Yr \_\_\_\_\_  
 Other Income \_\_\_\_\_  
 Source \_\_\_\_\_  
 Former Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 How Long Their \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor \_\_\_\_\_

### IF EMPLOYEED LESS THAN ONE YEAR, PLEASE COMPLETE

Former Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 How Long There \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor \_\_\_\_\_

### IF MILITARY, PLEASE COMPLETE

Duty Station \_\_\_\_\_  
 Rate/Rank \_\_\_\_\_ Phone \_\_\_\_\_  
 Commanding Officer \_\_\_\_\_  
 Home of Record \_\_\_\_\_

### IN CASE OF EMERGENCY, NOTIFY: (Must be someone who does not reside with you)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

### LIST ALL OTHER PERSONS WHO WILL OCCUPY THE PROPERTY:

Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____

Do any occupants have special needs? Y N If yes, please explain: \_\_\_\_\_

### VEHICLE INFORMATION

Vehicle Type _____	Year _____	License# _____	State _____
Vehicle Type _____	Year _____	License# _____	State _____
Vehicle Type _____	Year _____	License# _____	State _____

**CREDITOR INFORMATION:** (Complete and specifically list any debts now outstanding)

MONTHLY PAYMENT CREDITOR MONTHLY

_____	_____	_____	_____
\$ _____	_____	_____	\$ _____
\$ _____	_____	_____	\$ _____
\$ _____	_____	_____	\$ _____
\$ _____	_____	_____	\$ _____

Automobile: Make \_\_\_\_\_ Year \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

**BANK INFORMATION:**

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

Circle if you own: Camper \_\_\_\_\_ Motorcycle \_\_\_\_\_ Boat \_\_\_\_\_ Truck \_\_\_\_\_ Trailer \_\_\_\_\_

Will any person named above require a visual smoke detector for deaf or hearing impaired? Y N

Do you have any pets? Y N How many? \_\_\_\_\_ Type and size(weight) \_\_\_\_\_

**RENTAL HISTORY**

Do you have any unpaid judgments? Y N If so, 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 tenancy? If so, please give details, and the status of any pending actions \_\_\_\_\_

Has any applicant filed bankruptcy? Y N If so, please give dates of filing and status of case \_\_\_\_\_

Have you ever been convicted of a crime? Y N If so, please explain \_\_\_\_\_

Do you have Renter's Insurance? Y N Insurance Company & Phone \_\_\_\_\_

**REFERENCES**

Please give names and phone numbers of three references that are not related to you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 X or 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 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](http://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 the Applicant's knowledge and belief. Should Applicant withhold or provide false information, this Applicant and any lease entered into based on this information may be voided immediately.

Applicant hereby authorizes Listing Broker to conduct a credit check, an appropriate background check, employment/income verification, verify rental references and check to verify information provided herein by Applicant for approval or rejection of this Application.

No representations, promises, or agreements as to occupancy or date of possession have been made and this application shall not be construed as a lease or agreement therefore. Application fee must be received with application and is **NON-REFUNDABLE**. If the Application is accepted any security deposit given to RE/MAX Peninsula, Henson & Associates becomes **NON-REFUNDABLE**, a Lease Agreement must be signed within 7 days to ensure possession of the property. If no such Agreement is reached within 7 days, and the property is withdrawn from the market, RE/MAX Peninsula, Henson & Associates reserves the right to keep any security deposit received to be dispersed as they see fit. **PLEASE NOTE:** Security Deposit is not required to submit an application, however, applicants who do put down the security deposit will be considered for approval first.

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 \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**For Office Use Only**

Type of Identification Received: \_\_\_\_\_

The undersigned acknowledges receipt from Applicant of the sum of \$ \_\_\_\_\_ by personal check/money order payable to \_\_\_\_\_, which amount consists of an application fee in the amount of \$ \_\_\_\_\_

and a security deposit in the amount of \$ \_\_\_\_\_

Recipient \_\_\_\_\_ Date Received \_\_\_\_\_

Signature of Property Manager/Rental Coordinator \_\_\_\_\_