

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.

	ween			(Appli	cant or Tenant, whether one or more
and	1				(Landlord
				(Listin	ng Broker or Agent, who represent
	does not represent Ap	nligant)			(Leasing Broker, who does
01	does not represent Ap	pilcaint).			
Λp	plicant hereby applies for	a residential living u	mit located at		,Virginia, in th
Cit	y/County of	0	, for occupancy c	ommencing on	, at an).
init	ial monthly rent payment	of	Dolla	urs (\$).
		PLEASE FILL IN	ALL INFORMA	TION COMPLET	TELY
1.	Applicant:		SSN:		Date of Birth:
	Tel # (H):	Tel # (W):	C	ell Phone #:	Email:
	Descent Address		Vaar	u I andlandı	
	Present Address:	Street/P.O. B	1 cars	: Landlord: _	
		040041.0.0	ion.		
				Landlord's Tcl #	4:
	City	State	Zip		
	Previous Address:		Veo	re: Landlord:	
	rievious Address.	Street/P.O. B		IS Landiord.	
				Landlord's Tel #	t:
	City	State	Zip		
	Presently Employed By:			How long?	
	Tresentry Employed By.			now 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):	Ca	ell l'hone #:	Email:
	Present Address:		Year	: Landlord: _	
		Street/P.O. B	ox		

VAR FORM 300 REV. 7/03

							Landlord	d's Tel #:	
		City		State	Zip				
	Previous A	ddress:				Years:	La	andlord:	
				Street/P.O. Bo	x				
							Landlord	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	ip:
			Name:			Age	:	Relationsh	uip:
			Name:			Age		Relationsh	nip:
	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 '	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	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	TAG#:	
	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	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-Appl Rank: Serial N Outfit: _ Telepho	ID ' licant o.:	TAG#:	
ł. 5.	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 o.:	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-Appl Rank: Serial N Outfit: _ Telepho	ID ' licant o.:	TAG#:	

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

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

VAR FORM 300 REV. 7/03



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 nur	nbers 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 ICANT	/ /
SIGNATURE OF APPLICANT	Date
SIGNATURE OF GUARANTOR	
	Date
LISTING BROKER TO VERIFY APPLICANT'S IDENTIFICATION	
TVDE OF INFNITURE TONI	
TYPE OF IDENTIFICATION	
The second secon	her and an annual shade
The undersigned acknowledges receipt from Applicant of the sum of \$	application fee in the amount of
payable to, which amount consists of an 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,	·
Si	gnature of Landlord or Listing Broker
Leasing Broker's Address	
Phone no Cell phone or pager no	Email:
Broker's Code:	
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APPLICATION FOR LEASE

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	ween				_ (Applicant or Tenant, wi	hether one or more
						(Landlord
	ough				_ (Listing Broker or Age	ent, who represent
Lar	dlord), and loes not represent Appli	cant)			(Leasing Bro	ker, who does
ord	ioes not represent Appn	cant).				
Ap	plicant hereby applies for a r	esidential living	unit located a	ıt		.Virginia, in th
Cit	y/County of		, for occup	ancy commencing	on	, at a
init	ial monthly rent payment of			_Dollars (\$).
	PI	LEASE FILL I	N ALL INFO	ORMATION CO	MPLETELY	
1.	Applicant:		SSN	:	Date of Birth:	
	Tel # (H):	Tel # (W):		Cell Phone #:	Email:	
	Present Address:			Vears. Lar	dlord:	
		Street/P.O.	Box			
				Landlor	d's Tel #:	
	City	State	Zip			
	Previous Address:			Years: La	andlord:	
		Street/P.O.				
	<u></u>		~.	Landlore	1's Tel #:	
	City	State	Zip			
	Presently Employed By:			How	ong?	
				11011 1		······
	Desition		G-1 ¢	(111)		
	Position:		_Salary 5	(Wk., M	o., Yr) Supervisor:	
	Telephone:					
	Formerly Employed By:			How long?	Supervisor:	
2.	Co-Applicant:		SSN	:	Date of Birth:	
	Tel # (H):	Tel # (W):		Cell Phone #:	Email:	
	Present Address:			Vears. I an	dlord:	
	Present Address:	Street/P.O	Box	_1 cars Lan	uloid.	

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

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					Landlo	rd's Tel #:	
C	ity		State	Zip			
Previous Addr	ess:				Years:	Landlord:	
TTOTIOUS TRUE			Street/P.O. Box				
					Landlo	ord's Tel #:	
Ē	ity		State	Zip			
Co-Applicant	Emplo	yed By: _			Ho	w long?	
Position:			Salary \$		Supervisor:	Tel	ephone:
Other Occupa							
		Name:			Age:	Relationship:	
Number of Ve	ehicles	:					
						Weight:	Name:
c)ther:		How N	Iany:	I	D TAG#:	
If you are pre Applicant	sently	in Armed	Services, state:		Co-Applicant		
Rank:					Rank:		
Serial No.:			alanda da maranga ang ang ang ang ang ang ang ang ang		Serial No.:		
Outfit:					Outfit:	and a second	
Telephone:					Telephone:		
Other Income Applicant Amount \$				Per:		Source Of:	
Co-Applicant Amount \$				Per:		Source Of:	

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

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

VAR FORM 300 REV. 7/03

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

Instandt

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	AMPER	MOTORCYCLE	BOAT TRI	UCK TRAILER

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

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.

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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 nu	mbers of three references:	
Name:	Phone Number:	
Name:	Phone Number:	
Name:	Phone Number:	

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

VAR FORM 300 REV. 7/03

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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 APPLIC	CANT		/ /	
			Date	
SIGNATURE OF APPLIC	CANT		//	
			Date	
SIGNATURE OF GUARANTOR			/	
			Date	
LISTING BROKER TO	VERIFY APPLICANT'S IDENTIFIC	CATION		
TYPE OF IDENTIFICAT	ION			
The undersigned acknow	ledges receipt from Applicant of the s	um of \$	by cash or pe	ersonal check
navable to	which amou	nt consists of an annli	ication fee in the	amount of
payable to, which amount consists of an application fee in the an and a security deposit in the amount of \$				uniouni oi
Ф	und a security deposit in the a			······································
				/ /
	Signature of Recipier			ate Received
This Application for Lease	e is hereby ACCEPTED as of the	day of,,		
		Signat	ure of Landlord or L	isting Broker
Leasing Broker's Address				
Phone no	Cell phone or pager no	En	nail:	
Broker's Code:				
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	RGINIA ASSOCIATION OF REALTORS®			

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from the VIRGINIA ASSOCIATION OF REALTORS

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

the name "VIRGINIA ASSOCIATION OF REALTORS®", in connection with any other form, is prohibited without prior written consent