

RENTAL APPLICATION

This Rental Application ("Application") is an offer to rent. However, Landlord and Tenant will need to execute a separate Lease governing the contractual obligations of the parties. This Application shall be considered without regard to all classes protected by the laws of the United States, the Commonwealth of Virginia, and applicable local jurisdictions, or by the REALTOR® Code of Ethics.

BROKERAGE DISCLOSURE

Applicants acknowledge by their initials that in this real estate leasing transaction Listing Broker, _____, represents Landlord and that Tenant's Broker, _____, represents Tenant.

I/we acknowledge the conditions in this Application and authorize the Listing Broker processing this Application to verify any information contained herein and to perform any credit or investigative inquiries necessary to properly evaluate this Application, and any renewal, and to share with Landlord information necessary to make a determination.

_____	_____	_____	_____
Applicant 1 Signature	Date	Applicant 2 Signature	Date
_____	_____	_____	_____
Applicant 3 Signature	Date	Applicant 4 Signature	Date

OFFER TO RENT

_____ (collectively, "Applicant") offer to lease the property known as _____ (the "Premises"), for ___ years/months beginning _____, for the monthly rent of \$ _____ payable in advance on the first day of each month.

Applicant requests contribution to Tenant's Broker's compensation in the amount of _____% of first full month's rent **OR** \$ _____. Applicant understands that this contribution is negotiable and will ultimately be determined by a written agreement between the applicable parties.

CONDITIONS

Application is not complete until a **NON-REFUNDABLE APPLICATION FEE OF \$ _____ per Applicant** is paid according to Landlord's instructions. Processing may take up to five (5) business days.

APPLICATION DEPOSIT of \$ _____ (the "Deposit") **is included** **OR** **is not included** and is due no later than _____; and is/will be held by _____. If this Application is accepted and a lease is signed, the Deposit will be credited to amounts owed to Landlord. If this Application is denied, or the parties cannot agree on terms to a lease, any Deposit will be returned to Applicant(s) less any documented processing charges.

APPLICANT(S) ACKNOWLEDGE:

1. This Application, each occupant, and each animal are subject to acceptance and approval by Landlord.
2. Listing Broker is obligated to present all offers to Landlord, and Landlord and Listing Broker may rescind acceptance and continue marketing Premises until a lease is signed by Landlord and Applicant(s).
3. Proof of current income is required. For example:
 - a. Bank Statements
 - b. Latest Pay Statements/Stubs
 - c. Last 2 years' Form W-2 for hourly for weekly pay persons
 - d. Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income
 - e. Copy of LES and orders for military
4. This Application must be completed in full. Incomplete or missing information will result in delay of a decision. This Application is not complete until Applicant(s) presents government-issued photo identification. Willful misrepresentation on this Application may be grounds for denying this Application and/or terminating any lease, excepting any legally protected rights of Applicant.
5. Applicant(s) is responsible for obtaining property and liability insurance (Renter's Insurance) and assuming utility accounts where required before occupying Premises.

6. Any move-in fees and utility deposits are the responsibility of Applicant(s).
7. Only those persons listed in Application may live in Premises.
8. Premises are not to be used for business except with full knowledge and consent of Landlord and in conformity with all applicable laws and regulations.

	<u>Applicant One</u>	<u>Applicant Two</u>	<u>Applicant Three</u>	<u>Applicant Four</u>
Full Name				
Date of Birth				
SNN/TIN				
Identification # Exp. Date				
Email				
Phone #				
<u>Current Street Address</u> Indicate Lease or Own				
Dates of Occupancy				
Landlord/Management/ Mortgage Co. Name				
Email				
Phone #				
<u>Previous Street Address</u> Indicate Lease or Own				
Dates of Occupancy				
Landlord/Management/ Mortgage Co. Name				
Email				
Phone #				
<u>Employment</u> Current Company Name				
Location				
Dates of Employment				
Position/Rank				
Income				
Supervisor Name & Phone #				
Previous Company Name				
Location				
Dates of Employment				

Position/Rank				
Income				
Supervisor Name & Phone #				

INCOME, ASSETS, & LIABILITIES WORKSHEET

	<u>Applicant One</u>	<u>Applicant Two</u>	<u>Applicant Three</u>	<u>Applicant Four</u>
Income & Assets - Bank Accounts, Other Accounts, Other Income Source	Include all accounts below. Under Account Type, choose from the types listed here: • Income • Checking • Savings • Money Market • Proceeds from Real Estate Property to be sold • Proceeds from Sale of Non-Real Estate Asset • Other Income • Alimony • Child Support • Governmental Assistance/Housing Choice Voucher • Other			
1.) Income/Asset Type				
Source/Where Deposited				
Cash/Market Value	\$	\$	\$	\$
2.) Income/Asset Type				
Source/Where Deposited				
Cash/Market Value	\$	\$	\$	\$
3.) Income/Asset Type				
Source/Where Deposited				
Cash or Market Value	\$	\$	\$	\$
4.) Income/Asset Type				
Source/Where Deposited				
Cash or Market Value	\$	\$	\$	\$
Provide TOTAL Income/Assets Here:	\$	\$	\$	\$
Liabilities – Credit Cards, Lease, Other Debts that You Owe	List all liabilities below. Under Account Type, choose from the types listed here: • Revolving (e.g., credit cards) • Installment (e.g., car, student, personal loans) • Open 30-Day (balance paid monthly) • Lease (not real estate) • Alimony • Child Support • Other			
1.) Liability Type				
Creditor Name				
Unpaid Balance	\$	\$	\$	\$
Monthly Payment	\$	\$	\$	\$
2.) Liability Type				
Creditor Name				
Unpaid Balance	\$	\$	\$	\$
Monthly Payment	\$	\$	\$	\$
3.) Liability Type				
Creditor Name				
Unpaid Balance	\$	\$	\$	\$
Monthly Payment	\$	\$	\$	\$

4.) Liability Type				
Creditor Name				
Unpaid Balance	\$	\$	\$	\$
Monthly Payment	\$	\$	\$	\$
Provide Total Liabilities Here:	\$	\$	\$	\$

OTHER OCCUPANTS OF THE PREMISES
(Occupants over 18 must submit applications)

LAST NAME	FIRST NAME AND M.I.	M/F	D.O.B.	RELATIONSHIP

PLEASE ANSWER*

	<u>Applicant 1</u>	<u>Applicant 2</u>	<u>Applicant 3</u>	<u>Applicant 4</u>
1. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2. Have you ever been evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3. Do you have any judgments?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4. Have you had a foreclosure?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
5. Are you party to a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
6. Do you pay alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
7. Are you a co-signer another lease?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
8. Have you ever had a rental application rejected?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
9. Are you entitled to diplomatic immunity?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

*Attach explanations on separate sheet if necessary.

ADDITIONAL INFORMATION

- Do you request Landlord permit smoking in the Premises? Yes
- Do you request a carbon monoxide detector?^ Yes
- Do you require a visual smoke detector?^ Yes

^Upon request, Landlord may install carbon monoxide detector and/or visual smoke detector but Applicant(s) are responsible for the costs of installation.

List all animals below# LIABILITY COVERAGE MAY BE REQUIRED.

TYPE	BREED	AGE	WEIGHT	M/F	NEUTER/DECLAW (Y/N)	ASSISTANCE ANIMAL (Y/N)+
					/	
					/	
					/	

Pets may require separate Pet Addendum, additional deposit and/or rent added to a lease.

+ If Applicant requires Assistance Animal(s), submit Request for Reasonable Accommodation Rule/Policy and Verification of Disability or comparable documentation of disability-related need with this Application.

List all vehicles below

VEHICLE: TYPE, MAKE, MODEL	STATE	COMMERCIAL (Y/N)

EMERGENCY CONTACTS

Name	Relationship to You	Email	Telephone
------	---------------------	-------	-----------

Name	Relationship to You	Email	Telephone
------	---------------------	-------	-----------



© 2025 Northern Virginia Association of REALTORS®, Inc.



EDUCATIONAL VERSION