



**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.

This Application for Lease, is made on \_\_\_\_\_, \_\_\_\_\_  
between \_\_\_\_\_ (Applicant or Tenant, whether one or more)  
and \_\_\_\_\_ (Landlord)  
through \_\_\_\_\_ (Listing Broker or Agent, who represents  
Landlord), and \_\_\_\_\_ (Leasing Broker, who does \_\_\_  
or does not \_\_\_ represent Applicant).

Applicant hereby applies for a residential living unit 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 COMPLETELEY**

1. Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel # (H): \_\_\_\_\_ Tel # (W): \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ Years: \_\_\_\_\_ Landlord: \_\_\_\_\_  
Street/P.O. Box

City State Zip Landlord's Tel #: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Years: \_\_\_\_\_ Landlord: \_\_\_\_\_  
Street/P.O. Box

City State Zip Landlord's Tel #: \_\_\_\_\_

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 #: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ Years: \_\_\_\_\_ Landlord: \_\_\_\_\_  
Street/P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord's Tel #: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Years: \_\_\_\_\_ Landlord: \_\_\_\_\_  
 Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord's Tel #: \_\_\_\_\_

Co-Applicant Employed By: \_\_\_\_\_ How long? \_\_\_\_\_

Position: \_\_\_\_\_ Salary \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Other Occupants: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Number of Vehicles: \_\_\_\_\_

5. Pets: Kind: \_\_\_\_\_ Type: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Name: \_\_\_\_\_  
 Other: \_\_\_\_\_ How Many: \_\_\_\_\_ ID TAG#: \_\_\_\_\_

6. If you are presently in Armed Services, state:

Applicant	Co-Applicant
Rank: _____	Rank: _____
Serial No.: _____	Serial No.: _____
Outfit: _____	Outfit: _____
Telephone: _____	Telephone: _____

7. Other Income:

Applicant	Per: _____	Source Of: _____
Amount \$ _____		
Co-Applicant	Per: _____	Source Of: _____
Amount \$ _____		

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

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



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](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 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 \_\_\_\_\_ / \_\_\_ / \_\_\_  
Date

SIGNATURE OF APPLICANT \_\_\_\_\_ / \_\_\_ / \_\_\_  
Date

SIGNATURE OF GUARANTOR \_\_\_\_\_ / \_\_\_ / \_\_\_  
Date

**LISTING BROKER TO VERIFY APPLICANT'S IDENTIFICATION**

TYPE OF IDENTIFICATION \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Landlord or Listing Broker

Leasing Broker's Address \_\_\_\_\_

Phone no. \_\_\_\_\_ Cell phone or pager no. \_\_\_\_\_ Email: \_\_\_\_\_

Broker's Code: \_\_\_\_\_

COPYRIGHT©2003 by the VIRGINIA ASSOCIATION OF REALTORS®. All rights reserved. This form may be used only by members in good standing with the VIRGINIA ASSOCIATION OF REALTORS®. The reproduction of this form, in whole or in part, or the use of the name "VIRGINIA ASSOCIATION OF REALTORS®", in connection with any other form, is prohibited without prior written consent from the VIRGINIA ASSOCIATION OF REALTORS