



RE/MAX ALLIANCE APPLICATION FOR TENANCY

Application is hereby made to lease the premises at _____ beginning on the _____ day of _____ (month).

Lease term requested: _____

Monthly rent \$ _____.

Applicant

Name _____

SSN# / D.O.B: _____

Phone Number: _____

Relationship to Co-Applciant _____

Address: _____

City/St/Zip: _____

How long at current address _____

Rent or own _____ Monthly rent _____

Do you have a lease _____

Expiration Date _____ Notice Given _____

Current landlord _____

Landlord Phone _____

Former Address _____

Former Landlord _____

Phone Number _____

Do you own real estate _____ If yes, where: _____

Co-Applciant

Name _____

SSN# / D.O.B: _____

Phone Number: _____

Relationship to Co-Applciant _____

Address: _____

City/St/Zip: _____

How long at current address _____

Rent or own _____ Monthly rent _____

Do you have a lease _____

Expiration Date _____ Notice Given _____

Current landlord _____

Landlord Phone _____

Former Address _____

Former Landlord _____

Phone Number _____

Do you own real estate _____ If yes, where: _____

EMPLOYMENT INFORMATION

Employee _____

Address _____

Occupation _____

How long employed _____

Supervisor _____ Phone _____

Salary _____ per _____

Add'l income* amount _____

Source _____

* Applicant need not disclose alimony, child support or separate Maintenance income or it's source, unless he/she wishes it to be Considered for the purpose of the application for tenancy.

If Military, Complete the following:

(Attach copy of order/ LES)

Duty Station

Rank/ Rate _____ Report Date _____

End of current enlistment _____

EMPLOYMENT INFORMATION

Employer _____

Address _____

Occupation _____

How long employed _____

Supervisor _____ Phone _____

Salary _____ per _____

Add'l income* amount _____

Source _____

* Applicant need not disclose alimony, child support or separate maintenance income or it's source, unless he/she wishes it to be Considered for the purpose of the application for tenancy.

If Military, Complete the following:

(Attach copy of orders/ LES)

Duty Station

Rank/ Rate _____ Report Date _____

End of current enlistment _____

Credit Information

Do you have any judgments?

Do you have any liens?

Have you ever been sued or evicted for nonpayment of rent?

If you answered yes to any of the above, explain in detail:

Have you filed for Bankruptcy?

Have you ever been subject to a foreclosure?

Outstanding Debts _____
Payments \$ _____
\$ _____
\$ _____

Outstanding Debts _____
Payments \$ _____
\$ _____
\$ _____

Banking Information

Bank _____ Account # _____
Bank _____ Account # _____
Address _____

In case of emergency, Notify:
Name: _____ Relationship _____
Address _____ Phone # _____

List all other persons who will occupy the rental premises:
Name Relationship DOB SSN #

Do you have a waterbed? Insurance for the waterbed? Copy of policy?
Do you have any pets? How Many _____ Type / Weight _____
Do you have renters insurance?

The owner of the premises you are applying for carries insurance on the dwelling only. You must acquire renters insurance for your household goods. Neither the Agent nor Owner of the property is responsible for damages to your personal property.

Each applicant certifies information provided in the application is true and accurate to the best of their knowledge. Owner and Agent have each applicant's permission to obtain credit history and verify any information provided. If any applicant withholds or gives false information, this application is considered void and the owner may terminate the lease agreement.

If the application is approved and the Applicants do not enter into a lease, any fees/ deposits paid by the applicant(s) may be retained by the agent. Full Security Deposit must be received in certifies funds by agent within 24 hours after application approval. Property remains on the market until deposit is received. Application fees are nonrefundable.

Owner and Agent are pledged to the letter and spirit of U.S. policy for achievement of equal housing opportunity. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because or race, color, religion, sex, handicap, familial status, elderliness or national origin.

Megan's Law Disclosure: Applicant(s) should exercise whatever due diligence the deem necessary with respect to information on and sex offenders registered under Chapter 23 (19.2-387 ct seq.) of Title 19.2. Such information may be obtained by contacting your local police department or the Virginia State Police, Central Criminal Records Exchange, at 804-674-2000 or on the internet at www.state.va.us/vsp/vsp.html.

Each applicant understands that the agent represents the Owner of the premises and acknowledges having received a copy of this application at the time it was submitted.

Applicant 1

Applicant 2

Application submitted on _____ at _____ am/pm
Date Time