

## RENTAL APPLICATION

This Rental Application ("Application") is an offer to rent. The Lease is a legally binding contract.

It is unlawful to discriminate on the basis of race, color, religion, national origin, sex, elderliness, familial status, or handicap. It is also unlawful to discriminate against all classes protected by the laws of any applicable local jurisdictions and the REALTOR® Code of Ethics. This application will be processed in accordance with occupancy laws.

### BROKERAGE DISCLOSURE

Applicants acknowledge by their initials that in this real estate leasing transaction Listing Broker, \_\_\_\_\_, represents Landlord and that Leasing Broker, \_\_\_\_\_, represents ☐ Landlord **OR** ☐ Tenant. (If Broker is acting as a dual or designated representative, then the appropriate disclosure form is attached to and made a part of this Application).

Applicant(s) Initials \_\_\_\_\_ / \_\_\_\_\_

**Leasing Agent must attach a business card.**

Applicant(s) Identification Type & Expiration Date: \_\_\_\_\_ .

### OFFER TO RENT

\_\_\_\_\_ ("Applicant 1") and \_\_\_\_\_ ("Applicant 2") 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.

### CONDITIONS

**A NON-REFUNDABLE PROCESSING FEE OF \$ \_\_\_\_\_ per Applicant** is included with this Application. Processing may take up to five (5) business days to complete. **AN EARNEST MONEY DEPOSIT** of \$ \_\_\_\_\_ (the "Deposit") is included and 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 not accepted, the Deposit will be returned to Applicant(s) less any additional documented processing charges. Funds held by an escrow agent will be deposited no later than five (5) business banking days after Application has been approved.

Occupancy is subject to possession being delivered by the present occupant. **The Premises are accepted "As-Is" unless otherwise noted below or by attachment.**

### CONTACT INFORMATION:

#### APPLICANT 1

C: \_\_\_\_\_

H: \_\_\_\_\_

W: \_\_\_\_\_

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

#### APPLICANT 2

C: \_\_\_\_\_

H: \_\_\_\_\_

W: \_\_\_\_\_

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

### OFFICE USE ONLY

Application Received Date \_\_\_\_\_ Time \_\_\_\_\_

Application Reviewed By \_\_\_\_\_

Approved ☐ Rejected ☐ Withdrawn ☐ Applicant or Agent notified Date \_\_\_\_\_ Time \_\_\_\_\_

**APPLICANTS AGREE AND UNDERSTAND THAT:**

1. This Application, each occupant and each pet are subject to acceptance and approval by Landlord.
2. Listing Broker is obligated to present all Applications to Landlord until a lease is signed.
3. Landlord and Listing Broker may rescind acceptance and resume marketing the Premises at any time until a lease is signed.
4. Proof of current income is required. For example:
  - a. Latest Pay Statements/Stubs
  - b. Last 2 years' Form W-2 for hourly or weekly pay persons
  - c. Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income
  - d. Copy of LES and orders for military
5. This Application consists of four (4) pages which must be completed in full. Incomplete or missing information will result in delay of a decision. Willful misrepresentation may be grounds for invalidating a lease.
6. A draft of the proposed lease may be reviewed through Listing Broker. If Landlord and Applicant(s) cannot agree on terms, the Deposit will be returned.
7. Applicant(s) must present valid photo identification or two (2) forms of ID before signing the lease.
8. Applicant(s) is responsible for obtaining property and liability insurance (Renter's Insurance) and assuming utility accounts where required before occupying the Premises.
9. Any move-in fees and utility deposits are the responsibility of Applicant(s).
10. Only those persons listed in Application are to live in the Premises.
11. The 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.
12. Applicant(s) has no leasehold interest until a lease is signed.

**I/we agree to the above conditions and authorize the firm 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. If any information is found to be false or misleading, the Application may be rejected.**

Applicant 1 Signature

Date

Applicant 2 Signature

Date

**APPLICANT 1**

Full Name

Date of Birth

SSN/TIN

Current Street Address

City

State

Zip

From:

To:

\$

Dates of Occupancy

Rent ☐ Mortgage ☐

Landlord/Management/Mortgage Co. Name

Phone #

Email

Reason for Moving

**APPLICANT 2**

Full Name

Date of Birth

SSN/TIN

Current Street Address

City

State

Zip

From:

To:

\$

Dates of Occupancy

Rent ☐ Mortgage ☐

Landlord/Management/Mortgage Co. Name

Phone #

Email

Reason for Moving

**APPLICANT 1****APPLICANT 2****Previous Street Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_ Rent ☐ Mortgage ☐

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving \_\_\_\_\_

**EMPLOYMENT**1. \_\_\_\_\_  
Current Company NameFrom: \_\_\_\_\_ To: \_\_\_\_\_  
Location \_\_\_\_\_ Dates of Employment \_\_\_\_\_\$ \_\_\_\_\_ /year  
Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_  
Previous Company NameFrom: \_\_\_\_\_ To: \_\_\_\_\_  
Location \_\_\_\_\_ Dates of Employment \_\_\_\_\_\$ \_\_\_\_\_ /year  
Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL INCOME**\$ \_\_\_\_\_ /year  
Source \_\_\_\_\_ Amount \_\_\_\_\_**Previous Street Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_ Rent ☐ Mortgage ☐

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving \_\_\_\_\_

**EMPLOYMENT**1. \_\_\_\_\_  
Current Company NameFrom: \_\_\_\_\_ To: \_\_\_\_\_  
Location \_\_\_\_\_ Dates of Employment \_\_\_\_\_\$ \_\_\_\_\_ /year  
Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_  
Previous Company NameFrom: \_\_\_\_\_ To: \_\_\_\_\_  
Location \_\_\_\_\_ Dates of Employment \_\_\_\_\_\$ \_\_\_\_\_ /year  
Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL INCOME**\$ \_\_\_\_\_ /year  
Source \_\_\_\_\_ Amount \_\_\_\_\_**DEBTS** (List major loans or credit card debt)

| Type of Loan | Creditor | Balance | Monthly Payment |
|--------------|----------|---------|-----------------|
| 1. _____     | _____    | _____   | _____           |
| 2. _____     | _____    | _____   | _____           |

**ASSETS** (Submit supporting documentation if necessary for qualification)

| Type of Asset | Value |
|---------------|-------|
| 1. _____      | _____ |
| 2. _____      | _____ |

## ADDITIONAL INFORMATION

Do you plan to bring a waterbed or large aquarium into the Premises? ☐ Yes ☐ No  
Do you intend to smoke or permit smoking in the Premises? ☐ Yes ☐ No

## PLEASE ANSWER

|   | <u>Applicant 1</u>                                       | <u>Applicant 2</u>                                       | <u>Explanation*</u> |
|---|--|--|---------------------|
| 1. Have you ever filed for bankruptcy?              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               |
| 2. Have you ever been evicted?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               |
| 3. Do you have any judgments?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               |
| 4. Have you had a foreclosure?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               |
| 5. Are you party to a lawsuit?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               |
| 6. Do you pay alimony or child support?             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               |
| 7. Are you a co-signer for a loan or another lease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               |
| 8. Have you ever had a rental application rejected? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               |
| 9. Will you require a visual smoke detector?        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               |
| 10. Are you entitled to diplomatic immunity         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____               |
| 11. How would you rate your credit?                 | _____  | _____  | _____               |

\*Attach separate sheet if necessary.

**Do you have any animals?** **LIABILITY COVERAGE IS REQUIRED FOR DOGS.**

| TYPE | BREED | AGE | WEIGHT | M/F | NEUTURED/DECLAWED |
|------|-------|-----|--------|-----|-------------------|
|      |       |     |        |     | /                 |
|      |       |     |        |     | /                 |
|      |       |     |        |     | /                 |

**Do you have any vehicles?**

| VEHICLE: TYPE, MAKE, MODEL | STATE | VEHICLE: TYPE, MAKE, MODEL | STATE |
|----------------------------|-------|----------------------------|-------|
|                            |       |                            |       |
|                            |       |                            |       |

## OTHER OCCUPANTS OF THE PREMISES

(Occupants over 18 must submit separate applications)

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

**DESIGNATED CONTACTS (Someone who knows how to reach you) OR NEXT-OF-KIN**

1. \_\_\_\_\_  
Name Relationship Email

Telephone Address City State Zip

2. \_\_\_\_\_  
Name Relationship Email

Telephone Address City State Zip

