



VIRGINIA ASSOCIATION OF REALTORS®  
APPLICATION FOR LEASE

(This is a legally binding contract. 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, familial status, handicap, or elderliness in compliance with all applicable federal and state and local fair housing laws and regulations.

This Application for Lease (the "Application") is made as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between \_\_\_\_\_ ("Applicant", whether one or more) and \_\_\_\_\_ ("Landlord") through Hank Cosby Real Estate, Hank Cosby ("Listing Broker" or "Agent," who represents Landlord), and Hank Cosby Real Estate, Hank Cosby ("Leasing Broker," who does \_\_\_\_\_ or does not ☒ represent Applicant).

Applicant hereby applies for a residential dwelling unit (the "Dwelling 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 COMPLETELY

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

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

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

Present Address: \_\_\_\_\_ Years: \_\_\_\_\_ Landlord: \_\_\_\_\_

Street/P.O. Box

Landlord's Tel #: \_\_\_\_\_

City State Zip

Previous Address: \_\_\_\_\_ Years: \_\_\_\_\_ Landlord: \_\_\_\_\_

Street/P.O. Box

Landlord's Tel #: \_\_\_\_\_

City State Zip

Presently Employed By: \_\_\_\_\_ How long? \_\_\_\_\_

Position: \_\_\_\_\_ Salary \$ \_\_\_\_\_ (Wk., Mo., Yr) Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Formerly Employed By: \_\_\_\_\_ How long? \_\_\_\_\_ Supervisor: \_\_\_\_\_

2. Co-Applicant: \_\_\_\_\_ SSN/ITIN: \_\_\_\_\_ 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: \_\_\_\_\_ Street/P.O. Box \_\_\_\_\_ Years: \_\_\_\_\_ Landlord: \_\_\_\_\_

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 the Armed Services, state:  
Applicant

Co-Applicant

Branch: \_\_\_\_\_

Branch: \_\_\_\_\_

Rank: \_\_\_\_\_

Rank: \_\_\_\_\_

Outfit: \_\_\_\_\_

Outfit: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

7. Other Income:

Applicant

Amount \$ \_\_\_\_\_ Per: \_\_\_\_\_ Source Of: \_\_\_\_\_

Co-Applicant

Amount \$ \_\_\_\_\_ Per: \_\_\_\_\_ Source Of: \_\_\_\_\_

8. Complete and specifically list any debts now outstanding (attach additional sheet if necessary).

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

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 #

9. CIRCLE IF YOU OWN: CAMPER MOTORCYCLE BOAT TRUCK TRAILER

10. In Case of Emergency Notify:

Name	Address	Phone	Relationship
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11. APPLICATION FEE/THIRD PARTY COSTS/APPLICATION DEPOSIT: A non-refundable Application Fee in the amount of \$0.00 accompanies this Application. In addition, third party costs incurred by Landlord in the amount of \$0.00 accompanies this Application. An Application Deposit of \$0.00 accompanies this Application and will become the Security Deposit upon commencement of the Lease Agreement.

12. OBLIGATION TO ENTER INTO LEASE AGREEMENT/ DAMAGES: Upon submission of this Application by Applicant, Agent reserves the right to remove the Dwelling Unit from the available rent list. If this Application is approved and Applicant fails to rent the Dwelling Unit, Landlord shall be entitled to retain that part of the Application Deposit equal to Landlord's actual damages and expenses as otherwise provided in the Virginia Residential Landlord Tenant Act ("VRLTA").

13. 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 ☒ or Applicant \_\_\_\_\_. If Listing Broker is engaging in dual or designated agency, a separate consent agreement has been entered into by Listing Broker and Applicant.

14. RENTAL AND CREDIT HISTORY:

(a) Reason for leaving current residence: \_\_\_\_\_

(b) Has any Applicant ever been rejected for tenancy? Yes \_\_\_\_; No \_\_\_\_\_. If yes, please explain: \_\_\_\_\_

(c) 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: \_\_\_\_\_

(d) Has any Applicant ever filed for bankruptcy? Yes \_\_\_\_; No \_\_\_\_\_. If so, please give dates of filing and status of case: \_\_\_\_\_

(e) Please give the names and phone numbers of three references:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



(f) Please provide the following information if the Lease Agreement will be guaranteed, in accordance with the Rental Selection Criteria of Listing Broker or Landlord.

Name of Guarantor: \_\_\_\_\_ Relationship: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Guarantor: \_\_\_\_\_ Relationship: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

15. CRIMINAL HISTORY: Has any Applicant ever been convicted of, pleaded guilty to, or entered a plea of no contest to any felony, or to any misdemeanor involving a crime of moral turpitude in any jurisdiction?

YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer yes, please give all details, including the specific offense(s), date(s), sentence(s) and jurisdiction(s) in which the offenses occurred, as well as any information on the status of any current probation.

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16. APPLICANT INVESTIGATION: 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.vsp.state.va.us/](http://www.vsp.state.va.us/).

17. INFORMATION CORRECT: Applicant hereby certifies that the information contained in this Application 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 such background checks as determined appropriate by Listing Broker to verify information provided herein by Applicant for approval or rejection of this Application and agreed to pay for the third party costs identified in Paragraph 11 above.

18. OTHER PROVISIONS:

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

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

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

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

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

Signature of Recipient \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

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Signature of Landlord or Listing Broker

Broker's Code:

**Instant forms**