



Property Management



○ Approved
○ Not Approved
Date _____

RENTAL APPLICATION

(This offer is legally binding. If not understood, please seek competent legal 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 federal, state, and local fair housing laws and regulations.

The undersigned hereby makes an application with Eric J. Thompson Property Management, INC., to rent the premises known as:

For a term of _____, beginning on _____, at a monthly rental of \$ _____ payable on the first of each month in advance.

1. APPLICANT INFORMATION
(Each adult on the lease, other than spouse, must complete a separate application.)

FULL NAME: _____ SS# _____ DOB _____
CO-APPLICANT: _____ SS# _____ DOB _____
OTHER OCCUPANTS:
1. _____ RELATION _____ DOB _____
2. _____ RELATION _____ DOB _____
3. _____ RELATION _____ DOB _____
4. _____ RELATION _____ DOB _____
HOME TELEPHONE NUMBER: _____ WORK NUMBER: _____

2. RESIDENCE HISTORY
(Beginning with most current)

CURRENT ADDRESS: _____
Street/P.O. Box *Apt. Number*

City *State* *Zip*
MONTH & YEAR MOVED IN: _____ RENTED _____ OWNED _____ MONTHLY PAYMENT: _____
REASON FOR LEAVING: _____

PREVIOUS ADDRESS #1: _____
Street/P.O. Box *Apt. Number*

City *State* *Zip*
MONTH & YEAR MOVED IN: _____ RENTED _____ OWNED _____ MONTHLY PAYMENT: _____
LANDLORD/MORTGAGE CO. _____ TELEPHONE NO. _____
REASON FOR LEAVING: _____

Please Initial:
Applicant _____
Co-Applicant _____

PREVIOUS ADDRESS #2: _____
Street/P.O. Box *Apt. Number*

City *State* *Zip*
MONTH & YEAR MOVED IN: _____ RENTED _____ OWNED _____ MONTHLY PAYMENT \$ _____
LANDLORD/MORTGAGE COMPANY: _____ TELEPHONE NO. _____
REASON FOR LEAVING: _____

3. INCOME and EMPLOYMENT INFORMATION

(Please attach supporting documentation. Eg.; pay stubs, tax returns, etc. If military, please provide a copy of current transfer orders.)

APPLICANT'S EMPLOYER: _____
Name *Telephone Number*

Street/P.O. Box *City* *State* *Zip*

APPLICANT'S POSITION/RANK: _____

SUPERVISOR: _____ HOW LONG: _____ SALARY: \$ _____ PER: _____

CO-APPLICANT'S EMPLOYER: _____
Name *Telephone Number*

Street/P.O. Box *City* *State* *Zip*

CO-APPLICANT'S POSITION/RANK: _____

SUPERVISOR: _____ HOW LONG: _____ SALARY: \$ _____ PER: _____

APPLICANT'S PREVIOUS EMPLOYER/SCHOOL: _____
Name *Telephone Number*

Street/P.O. Box *City* *State* *Zip*

CO-APPLICANT'S PREVIOUS EMPLOYER/SCHOOL: _____
Name *Telephone Number*

Street/P.O. Box *City* *State* *Zip*
OTHER INCOME: _____ SOURCE: _____

4. BANKING and CREDIT REFERENCES

BANK #1: _____
Name *City/State* *Telephone No.* *Account No./Type*

BANK #2: _____
Name *City/State* *Telephone No.* *Account No./Type*

DEBT #1: _____ BALANCE DUE: \$ _____ MONTHLY PAYMENT: \$ _____ ACCT #: _____

DEBT #2: _____ BALANCE DUE: \$ _____ MONTHLY PAYMENT: \$ _____ ACCT #: _____

DEBT #3: _____ BALANCE DUE: \$ _____ MONTHLY PAYMENT: \$ _____ ACCT #: _____

DEBT #4: _____ BALANCE DUE: \$ _____ MONTHLY PAYMENT: \$ _____ ACCT #: _____

5. OTHER INFORMATION

YOUR VEHICLE (YEAR/MAKE/MODEL) _____ LICENSE PLATE # _____ STATE _____

OTHER VEHICLES _____

DRIVER'S LICENSE # _____ YEAR EXPIRES _____ STATE _____

WATER BED? _____ YES _____ NO RENTER'S INSURANCE? _____ YES _____ NO

If yes, please provide name of company, agent, agent telephone number and insurance policy number.

HAVE YOU EVER:

FILED BANKRUPTCY? _____ YES _____ NO BEEN EVICTED? _____ YES _____ NO

HAD A JUDGEMENT OR COLLECTION? _____ YES _____ NO BEEN CONVICTED OF A FELONY? _____ YES _____ NO

EMERGENCY CONTACT #1 _____
Name *Address* *Telephone Number*

EMERGENCY CONTACT #2 _____
Name *Address* *Telephone Number*

Please Initial:

Applicant _____

Co-Applicant _____

The Applicant(s) herewith enclose the following funds:

\$ _____ Application Fee (non-refundable)
\$ _____ Security Deposit (Refundable if Application is not approved.)
\$ _____ First Month's Rent

In the event this Application is approved, and Applicant(s) are so notified by telephone or in writing, Applicant(s) agree to execute a lease upon the terms first listed above and will be required at signing to pay:

\$ _____ Pro-Rated Move-In Rent
\$ _____ Security Deposit (if not paid previously)

All leases are subject to applicable zoning laws and Homeowners Association Condominium, or Co-Operative Restrictions, By-Laws and Rules and Regulations (if applicable). No keys will be delivered or possession granted until all required funds are paid and all parties have executed the lease. In the event that Applicant(s) fail to execute the lease as agreed, Landlord shall deduct from the funds received any and all actual damages, expenses and loss of rent up to the full amount of the funds received.

NOTICE TO TENANTS: Tenant(s) should exercise whatever due diligence he/she deems necessary with respect to information on any sexual offenders registered under Chapter 23 (Section 19.2-387 et seq.) of Title 19.2 of the Code of Virginia; whether the owner proceeds under subdivision 1 or 2 of subsection A of 55-519. Such information may be obtained by contacting your local police department or the Department of State Police, Central Criminal Records Exchange, at (804) 674-2000 or <http://sex-offender.vsp.state.va.us>.

LEAD BASED PAINT: The United States Environmental Protection Agency (EPA) and the Department of Housing and Urban Development (HUD) have determined that properties built prior to 1978 may contain lead-based paint which can cause serious health problems. The Property ___ was ___ was not built prior to 1978. If the Property was built prior to 1978, then (1) the attached Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards shall be completed and executed by the Landlord and Tenant and is incorporated into the Rental Application and Agreement to Lease.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____