

# Application for Tenancy

**\*Please provide a current copy of a driver's license with this application.**

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**Application is hereby made to lease the premises at:** \_\_\_\_\_

**To begin on the** \_\_\_\_\_ **day of** \_\_\_\_\_.

**Application Fee of \$25.00 per applicant and Security deposit of one month's rent are due the day the application is accepted/approved.**

**First and last month's rent are due for credit scores below 600, payable the day the tenant's take occupancy.**

## **Applicant**

## **Co-Applicant**

Name \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_ SSN \_\_\_\_\_

Birth date \_\_\_\_\_ Birth date \_\_\_\_\_

Relationship to Co-Applicant \_\_\_\_\_

Emergency contact (not in household) \_\_\_\_\_

Phone # of emergency contact \_\_\_\_\_

## **Applicant's Contact information:**

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

How long at current address? \_\_\_\_\_

Do you rent or own? \_\_\_\_\_ Monthly Rent \_\_\_\_\_ Do you have a lease? \_\_\_\_\_

Current Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Former Address \_\_\_\_\_

Former Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Do you own real estate \_\_\_\_\_ if yes, where? \_\_\_\_\_

## **Personal References (Non-family):**

First Individual's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Second Individual's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

**Applicants Initials:** \_\_\_\_\_

**Employment Information: For Each Adult occupant**

Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ How Long? \_\_\_\_\_  
How long have you been employed at this location? \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Salary \_\_\_\_\_ (per Wk/Mo/Year?)  
Additional income amount \_\_\_\_\_  
If Military, complete the following (**Attach copy of order/LES**)  
Duty Station \_\_\_\_\_  
Rank/Rate \_\_\_\_\_ Report Date \_\_\_\_\_ End of current enlistment \_\_\_\_\_

**Credit Information**

Do you have any judgments'? \_\_\_\_\_  
Have you ever filed for Bankruptcy? \_\_\_\_\_ If so when? \_\_\_\_\_  
Have you ever been subject to a foreclosure? \_\_\_\_\_  
If you answered yes to any of the above, explain in detail: \_\_\_\_\_  
\_\_\_\_\_

**Outstanding Debts****Monthly Payment**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Bank Information:**

Bank \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_

Bank \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_

**Occupants:** All other persons who will occupy the rental premises.

	<b><u>Name</u></b>	<b><u>Relationship</u></b>	<b><u>DOB</u></b>	<b><u>SSN</u></b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**Applicants Initials:** \_\_\_\_\_

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Address \_\_\_\_\_  
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**Occupants:** All other persons who will occupy the rental premises.

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1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**Applicants Initials:** \_\_\_\_\_

Do you have a waterbed? \_\_\_\_\_  
Copy of policy? \_\_\_\_\_

Do you have insurance for the waterbed? \_\_\_\_\_  
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. The owner of the property is not responsible for damages to your personal property.

Each Applicant certifies information provided in this application is true and accurate.

If any Applicant withholds or gives false information, this application is considered void and the lease agreement may be terminated by the Owner.

Owner/Agent pledge 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 not barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, elderliness, or national origin Megan's Law Disclosure: Applicants should exercise whatever due diligence they deem necessary with respect to information on any sex offenders registered under Chapter 23 (19.2-387 et seq.) of Title 19.2 such information may be obtained by contacting the counties Sheriff's office.

Permission and Release of personal information.

***THE AGENT/OWNER HAS MY/OUR CONSENT TO VERIFY LANDLORD AND PERSONAL REFERENCES***

**Applicant 1:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**Applicant 2:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**If you have questions, Call Dee Stace at 252-202-9555 or Cindy Soldal at 757- 348-0212  
e-Fax 1-877-288-9210**