



## **RENTAL APPLICATION DISCLOSURE**

This rental application is an offer to rent. The Deed of Lease is a legally binding contract. It is unlawful to discriminate based on race, color, religion, national origin, sex, elderliness, familial status, or handicap. This application will be processed in accordance with all Fair Housing and occupancy.

## **APPLICATION PROCESS**

We ask that you read the following and acknowledge receipt thereof. This document is part of the application. Virginia requires we disclose that Promax Management, Inc. is the agent for and represents the property owner. As part of your consideration to lease the property, please perform a thorough inspection. Any modification or alteration request(s) must be submitted with the application to be considered. We are happy to answer questions you or your agent may have regarding the condition of the home and how it will be delivered. The home is leased in "As-Is" condition.

### **Please Submit**

- **A completed application with signatures from all parties.**
- **A non-refundable application fee of \$65.95 for each adult listed on the application. The fee may be paid by personal check, money order, certified funds, or through PayPal.**
- **A copy of a government issued ID for all adults listed on the application.**
- **Proof of income by either a copy of your most recent paystub, offer of employment, LES for Military, or the last two years of tax returns if you are self-employed.**
- **A copy of your agent's business card.**

Your application may take up to 3 days to be processed. If the application is approved, Promax will notify you and/or your agent and provide you with the Deed of Lease. You are allowed two business days to execute the lease.

**Upon approval an EARNEST MONEY deposit equal to the first month's rent payable to Promax Management will be due. The deposit may be paid by personal check if the proposed occupancy date is 15 days or more away. If not, funds must be paid by certified funds (cashiers' check or money order) payable to Promax Management. Bank wire is available upon request.**

The Lease is a legal document between you and the property owner. Concerns about the content of the lease should be addressed by your agent.

Once the lease is signed by all parties your EARNEST MONEY will be deposited and applied towards your monies owed. If the lease is not signed within two business days of notice of approval, your earnest money deposit will be returned in full, and the property will be placed back on the market for rent.

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.

**RENTAL APPLICATION**

This Rental Application ("Application") is an offer to rent. However, Landlord and Tenant will need to execute a separate Lease governing the contractual obligations of the parties. This Application shall be considered without regard to all classes protected by the laws of the United States, the Commonwealth of Virginia, and applicable local jurisdictions, or by the REALTOR® Code of Ethics.

**BROKERAGE DISCLOSURE**

Applicants acknowledge by their initials that in this real estate leasing transaction Listing Broker, Promax Management Inc., represents Landlord and that Leasing Broker, \_\_\_\_\_, represents Tenant.

**I/we acknowledge the conditions in this Application and authorize the Listing Broker 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, and to share with Landlord information necessary to make a determination.**

Applicant 1 Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 3 Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant 4 Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFER TO RENT**

\_\_\_\_\_ (collectively, "Applicant") 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. Applicant(s) acknowledge that monthly rent may be subject to increase in subsequent years.

**CONDITIONS**

Application is not complete until a **NON-REFUNDABLE PROCESSING FEE OF \$ \_\_\_\_\_ per Applicant** is paid according to Landlord's instructions. Processing may take up to five (5) business days.

**APPLICATION DEPOSIT** of \$ \_\_\_\_\_ (the "Deposit")  is included OR  is not included and is due no later than \_\_\_\_\_; and is/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 denied, or the parties cannot agree on terms to a lease, any Deposit will be returned to Applicant(s) less any documented processing charges.

**APPLICANTS AGREE AND UNDERSTAND THAT:**

1. This Application, each occupant, and each animal are subject to acceptance and approval by Landlord.
2. Listing Broker is obligated to present all offers to Landlord, and Landlord and Listing Broker may rescind acceptance and continue marketing Premises until a lease is signed by Landlord and Applicant(s).
3. Proof of current income is required. For example:
  - a. Bank Statements
  - b. Latest Pay Statements/Stubs
  - c. Last 2 years' Form W-2 for hourly for weekly pay persons
  - d. Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income
  - e. Copy of LES and orders for military
4. This Application must be completed in full. Incomplete or missing information will result in delay of a decision. This Application is not complete until Applicant(s) presents government-issued photo identification. Willful misrepresentation on this Application may be grounds for denying this Application and/or terminating any lease, excepting any legally protected rights of Applicant.
5. Applicant(s) is responsible for obtaining property and liability insurance (Renter's Insurance) and assuming utility accounts where required before occupying Premises.
6. Any move-in fees and utility deposits are the responsibility of Applicant(s).
7. Only those persons listed in Application may live in Premises.
8. 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.

|   | <u>Applicant One</u> | <u>Applicant Two</u> | <u>Applicant Three</u> | <u>Applicant Four</u> |
|---|----------------------|----------------------|------------------------|-----------------------|
| <b>Full Name</b>  |                      |                      |                        |                       |
| <b>Date of Birth</b>  |                      |                      |                        |                       |
| <b>SSN/TIN</b>  |                      |                      |                        |                       |
| <b>Identification #<br/>Exp. Date</b>                           |                      |                      |                        |                       |
| <b>Email</b>  |                      |                      |                        |                       |
| <b>Phone #</b>  |                      |                      |                        |                       |
| <b>Current Street Address<br/>Indicate Lease or Own</b>         |                      |                      |                        |                       |
| <b>Dates of Occupancy</b>                                       |                      |                      |                        |                       |
| <b>Landlord/Management/<br/>Mortgage Co. Name</b>               |                      |                      |                        |                       |
| <b>Email</b>  |                      |                      |                        |                       |
| <b>Phone #</b>  |                      |                      |                        |                       |
| <b><u>Previous Street Address</u><br/>Indicate Lease or Own</b> |                      |                      |                        |                       |
| <b>Dates of Occupancy</b>                                       |                      |                      |                        |                       |
| <b>Landlord/Management/<br/>Mortgage Co. Name</b>               |                      |                      |                        |                       |
| <b>Email</b>  |                      |                      |                        |                       |
| <b>Phone #</b>  |                      |                      |                        |                       |
| <b><u>Employment</u><br/>Current Company Name</b>               |                      |                      |                        |                       |
| <b>Location</b>   |                      |                      |                        |                       |
| <b>Dates of Employment</b>                                      |                      |                      |                        |                       |
| <b>Position/Rank</b>  |                      |                      |                        |                       |
| <b>Income</b>   | \$                   | \$                   | \$                     | \$                    |
| <b>Supervisor Name &amp;<br/>Phone #</b>                        |                      |                      |                        |                       |
| <b>Previous Company Name</b>                                    |                      |                      |                        |                       |
| <b>Location</b>   |                      |                      |                        |                       |
| <b>Dates of Employment</b>                                      |                      |                      |                        |                       |
| <b>Position/Rank</b>  |                      |                      |                        |                       |
| <b>Income</b>   | \$                   | \$                   | \$                     | \$                    |
| <b>Supervisor Name &amp;<br/>Phone #</b>                        |                      |                      |                        |                       |

|   | <u>Applicant One</u>  | <u>Applicant Two</u> | <u>Applicant Three</u> | <u>Applicant Four</u> |
|---|---|----------------------|------------------------|-----------------------|
| <b>Income &amp; Assets - Bank Accounts, Other Accounts, Other Income Source</b> | <b>Include all accounts below. Under Account Type, choose from the types listed here:</b><br>• Income • Checking • Savings • Money Market • Proceeds from Real Estate Property to be sold<br>Proceeds from Sale of Non-Real Estate Asset • Other Income • Alimony • Child Support •<br>Governmental Assistance/Housing Choice Voucher • Other |                      |                        |                       |
| 1.) Income/Asset Type   |   |                      |                        |                       |
| Source/Where Deposited  |   |                      |                        |                       |
| Cash/Market Value   | \$  | \$                   | \$                     | \$                    |
| 2.) Income/Asset Type   |   |                      |                        |                       |
| Source/Where Deposited  |   |                      |                        |                       |
| Cash/Market Value   | \$  | \$                   | \$                     | \$                    |
| 3.) Income/Asset Type   |   |                      |                        |                       |
| Source/Where Deposited  |   |                      |                        |                       |
| Cash or Market Value  | \$  | \$                   | \$                     | \$                    |
| 4.) Income/Asset Type   |   |                      |                        |                       |
| Source/Where Deposited  |   |                      |                        |                       |
| Cash or Market Value  | \$  | \$                   | \$                     | \$                    |
| <b>Provide TOTAL Income/Assets Here:</b>  | \$  | \$                   | \$                     | \$                    |
|   |   |                      |                        |                       |
| <b>Liabilities - Credit Cards, Lease, Other Debts that You Owe</b>              | <b>List all liabilities below. Under Account Type, choose from the types listed here:</b> • Revolving (e.g., credit cards) • Installment (e.g., car, student, personal loans) • Open 30-Day (balance paid monthly)<br>• Lease (not real estate) • Alimony • Child Support • Other   |                      |                        |                       |
| 1.) Liability Type  |   |                      |                        |                       |
| Creditor Name   |   |                      |                        |                       |
| Unpaid Balance  | \$  | \$                   | \$                     | \$                    |
| Monthly Payment   | \$  | \$                   | \$                     | \$                    |
| 2.) Liability Type  |   |                      |                        |                       |
| Creditor Name   |   |                      |                        |                       |
| Unpaid Balance  | \$  | \$                   | \$                     | \$                    |
| Monthly Payment   | \$  | \$                   | \$                     | \$                    |
| 3.) Liability Type  |   |                      |                        |                       |
| Creditor Name   |   |                      |                        |                       |
| Unpaid Balance  | \$  | \$                   | \$                     | \$                    |
| Monthly Payment   | \$  | \$                   | \$                     | \$                    |
| 4.) Liability Type  |   |                      |                        |                       |
| Creditor Name   |   |                      |                        |                       |
| Unpaid Balance  | \$  | \$                   | \$                     | \$                    |
| Monthly Payment   | \$  | \$                   | \$                     | \$                    |
| <b>Provide Total Liabilities Here:</b>  | \$  | \$                   | \$                     | \$                    |

**OTHER OCCUPANTS OF THE PREMISES**

(Occupants over 18 must submit applications)

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

**PLEASE ANSWER\***

|   | <u>Applicant 1</u>           | <u>Applicant 2</u>           | <u>Applicant 3</u>           | <u>Applicant 4</u>           |
|---|------------------------------|------------------------------|------------------------------|------------------------------|
| 1. Have you ever filed for bankruptcy?              | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| 2. Have you ever been evicted?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| 3. Do you have any judgments?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| 4. Have you had a foreclosure?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| 5. Are you party to a lawsuit?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| 6. Do you pay alimony or child support?             | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| 7. Are you a co-signer another lease?               | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| 8. Have you ever had a rental application rejected? | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| 9. Are you entitled to diplomatic immunity          | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |

\*Attach explanations on separate sheet if necessary.

**ADDITIONAL INFORMATION**

|   |                              |
|---|------------------------------|
| Do you request Landlord permit smoking in the Premises? | <input type="checkbox"/> Yes |
| Do you request a carbon monoxide detector? ^            | <input type="checkbox"/> Yes |
| Do you require a visual smoke detector?^                | <input type="checkbox"/> Yes |

^Upon request, Landlord may install carbon monoxide detector and/or visual smoke detector but Applicant(s) are responsible for the costs of installation.

**List all animals below # LIABILITY COVERAGE MAY BE REQUIRED.**

| TYPE | BREED | AGE | WEIGHT | M/F | NEUTUR/DECLAW (Y/N) | ASSISTANCE ANIMAL (Y/N)+ |
|------|-------|-----|--------|-----|---------------------|--------------------------|
|      |       |     |        |     | /                   |                          |
|      |       |     |        |     | /                   |                          |
|      |       |     |        |     | /                   |                          |

# Pets may require separate Pet Addendum, additional deposit and/or rent added to a lease.

+ If Applicant requires Assistance Animal(s), submit Request for Reasonable Accommodation Rule/Policy and Verification of Disability or comparable documentation of disability-related need with this Application.

**List all vehicles below**

| VEHICLE: TYPE, MAKE, MODEL | STATE | COMMERCIAL (Y/N) |
|----------------------------|-------|------------------|
|                            |       | STATE            |
|                            |       |                  |
|                            |       |                  |

**EMERGENCY CONTACTS**

|      |                     |       |           |
|------|---------------------|-------|-----------|
| Name | Relationship to You | Email | Telephone |
|      |                     |       |           |
| Name | Relationship to You | Email | Telephone |
|      |                     |       |           |



REALTOR®  
NVAR K1008 v07/22

©2022 Northern Virginia Association of REALTORS®, Inc.



Page 4 of 4