



LONG & FOSTER REAL ESTATE, INC.
RENTAL APPLICATION

ALL APPLICATIONS WILL BE PROCESSED IN ACCORDANCE WITH ALL FAIR HOUSING LAWS

(together with all adult occupants as referred to herein, collectively, "APPLICANT") hereby makes application to lease
Address:

Beginning on (Date) : , for the monthly rent of \$
payable in advance on the first day of each month. Lease term requested:

It is understood that the Premises are to be used as a residential dwelling to be occupied by not more than those persons listed in this Application, and that occupancy is subject to possession being delivered by the present occupant. Any and all personal property placed in the Premises shall be at the Applicant's risk and the Applicant shall insure the same. APPLICATION IS BEING MADE FOR THE PREMISES IN ITS PRESENT CONDITION, UNLESS OTHERWISE INDICATED. This Application consists of three pages, The truth of the information contained herein is essential, and if the owner or agent deems any answer or statement herein to be false or misleading, it shall be considered that any lease granted by virtue of this application may be cancelled at their option.

NON-REFUNDABLE RENTAL PROCESSING FEE. A Processing fee in the amount of \$40.00 FOR EACH ADULT APPLICANT, INCLUDING SPOUSE is included with this Application. All adult occupants must be processed and be a party to the lease. These Application processing fees are refundable only if the owner or his duly authorized property manager elects not to process the Application. The application process may take up to five working days to complete after it is received by the Processing Office. If this Application is not approved and accepted by the owner or his duly authorized property manager, the earnest money deposit will be refunded within fifteen working days from the rejection date. The applicant hereby waives any claim for damages by reason of non-acceptance of this Application which the landlord or his duly authorized property manager may reject.

DEPOSIT. A deposit in the amount of \$ ("Earnest Money Deposit") is to be held by
in a non-interest bearing account with the clear understanding that this Application, including each prospective occupant, is subject to approval and acceptance by owner or his duly authorized property manager.

The Applicant has no leasehold interests in the rental property until there is a fully ratified lease, as indicated in Par. 2 on this page. (In the case of payment by check, the words "Earnest Money Deposit" shall be placed on the check.)

- 1. Occupancy of residences shall conform with applicable zoning laws; applicable by-laws, and/or property owners' association rules and regulations.
2. A copy of the lease form may be reviewed through the Listing Firm. After approval and acceptance, written or oral, of the Application by owner or his duly authorized property manager, the Applicant agrees to execute a lease in accordance with the terms of the Application. The entire Earnest Money Deposit shall be deposited by agent, and credited toward the beginning month's rent.

NOTE: Applicant agrees to execute a lease within three business days from notification of acceptance. Landlord/agent reserves the right to rescind acceptance and resume marketing until lease ratification. The Applicant(s) agree to apply for all utilities/services before taking occupancy of the leased premises and agree to pay for all applicable utilities/services, i.e. electricity, gas, water, sewer, fuel, refuse, and will pay necessary deposits. Should Applicant fail to execute a lease as specified above, the Deposit shall be returned to the Applicant.

- 3. A SECURITY DEPOSIT equal to a full month's rent (unless otherwise agreed upon) is due and payable on or before the effective date of the lease. This security deposit is payable to the owner if he is managing the property, or to LONG & FOSTER REAL ESTATE, INC., if they are managing the property. Please consult with your agent.

The Applicant(s) hereby authorize the firm to whom this Application is made, and any credit bureau or other investigative agency employed by such firm, to investigate and to report and disclose to the property owner or his duly authorized property manager the results of the references herein listed, statements and other data obtained from any other person pertaining to credit, employment, rent history and financial responsibility or criminal record of the Applicant(s). Applicant(s) hereby authorize the references herein listed, to disclose or report any information requested by Long & Foster and/or agents.

Be certain that you have completed all three pages of the Application in its entirety. Attach the Earnest Money Deposit (NOT THE SECURITY DEPOSIT) and an application processing fee of \$40.00 for each adult Applicant included in this Application (including spouse).

RENTING ASSOCIATE
COMPANY/OFFICE
OFFICE TEL #
Please attach business card
AGENCY DISCLOSURE FORM MUST BE ATTACHED



AGENCY DISCLOSURE:
Parties acknowledge that the Realtor is the agent of the Landlord, not the applicant, unless otherwise disclosed in writing. Realtors must offer rental properties without regard to the applicant's race, color, religion, national origin, sex, handicap or familial status.
PLEASE INITIAL /



INCOMPLETE/ILLEGIBLE INFORMATION WILL DELAY PROCESSING

**APPLICATION INFORMATION
PLEASE PRINT**

APPLICATION RECEIVED DATE: _____ TIME: _____
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EACH ADULT TO APPEAR ON THE LEASE MUST FILL OUT A SEPARATE APPLICATION UNLESS ASSETS AND LIABILITIES ARE JOINTLY HELD

APPLICANT	LAST NAME	FIRST NAME	INITIAL	MAIDEN NAME	SOCIAL SECURITY NO.
CO-APPLICANT					

NAME OF ALL OTHER OCCUPANTS TO LIVE IN HOUSE	LAST NAME	FIRST NAME	INITIAL	RELATIONSHIP

PETS (DOGS, CATS, FISH, BIRDS, REPTILES, RODENTS, ETC.)

TYPE	BREED	SIZE/WEIGHT	AGE	GENDER

PRESENT OR LAST RESIDENCE

ADDRESS:	APT. NO.	CITY	STATE	ZIP	WORK NO.
RESIDED FROM:	TO:	MONTHLY MORTGAGE PAYMENT \$	MONTHLY RENTAL PAYMENT \$	HOME NO.	
NAME OF MORTGAGE CO. OR LANDLORD			LANDLORD'S WORK NO.	HOME NO.	
REASON FOR MOVING				CURRENT LEASE ENDS	

PREVIOUS (If at present residence less than two (2) years)

ADDRESS:	APT. NO.	CITY	STATE	ZIP	WORK NO.
RESIDED FROM	TO:	MONTHLY MORTGAGE PAYMENT \$	MONTHLY RENTAL PAYMENT \$	HOME NO.	
NAME OF MORTGAGE CO. OR LANDLORD			WORK NO.	HOME NO.	
REASON FOR MOVING				CURRENT LEASE ENDS	

EMPLOYMENT HISTORY

MILITARY: Attach copy of latest Leave & Earnings Statement and/or Transfer Orders • **SELF-EMPLOYED:** Attach a copy of past year (1 year) U.S. Tax Form 1040 & Schedule C • **HOURLY/WEEKLY EMPLOYEES:** Attach copies of last years Form W-2.

Applicant(s) shall provide, if necessary, a salary key or authorization code if verification is to be obtained via an automated employment and salary verification service. If employer refuses to verify applicant's employment by phone, it shall become the responsibility of applicant to provide immediate written confirmation of such information.

PRESENT EMPLOYMENT	IF MILITARY-Rank/Rate	Branch	Length of Service
EMPLOYED BY:			EMPLOYED SINCE:
BUSINESS ADDRESS:		CITY	STATE ZIP PHONE
POSITION	SALARY \$	PER	NO. OF HOURS PER WEEK
SUPERVISOR NAME AND TITLE			PHONE





INCOMPLETE/ILLEGIBLE INFORMATION WILL DELAY PROCESSING

PREVIOUS EMPLOYMENT (If with present employer less than two (2) years.)

EMPLOYED BY:				EMPLOYED SINCE:	
BUSINESS ADDRESS:	CITY	STATE	ZIP	PHONE	
POSITION	SALARY \$	PER		NO. OF HOURS PER WEEK	
SUPERVISOR NAME AND TITLE				PHONE	

CO-APPLICANT PRESENT EMPLOYMENT

IF MILITARY-Rank/Rate	Branch	Length of Service
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EMPLOYED BY:				EMPLOYED SINCE:	
BUSINESS ADDRESS:	CITY	STATE	ZIP	PHONE	
POSITION	SALARY \$	PER		NO. OF HOURS PER WEEK	
SUPERVISOR NAME AND TITLE				PHONE	

CO-APPLICANT PREVIOUS EMPLOYMENT (If with present employer less than two (2) years.)

EMPLOYED BY:				EMPLOYED SINCE:	
BUSINESS ADDRESS:	CITY	STATE	ZIP	PHONE	
POSITION	SALARY \$	PER		NO. OF HOURS PER WEEK	
SUPERVISOR NAME AND TITLE				PHONE	

APPLICANT/CO-APPLICANT OTHER INCOME

\$	PER	SOURCE:
*Applicant need not disclose alimony, child support or separate maintenance income or its source, unless applicant wishes it to be considered for the purpose of the application for tenancy.		CONTACT #

BANK REFERENCES

FINANCIAL HISTORY

BANK NAME	SAVINGS/CHECKING/OTHER	ACCOUNT NUMBER	CURRENT BALANCE \$

MONTHLY PAYMENTS (Payments of 3 mos. or more duration, e.g., Auto, Mortgage, Alimony, Dependent, Support, Taxes, Garnishment, Etc.)

TO:	FOR	BALANCE	MONTHLY PAYMENT \$





INCOMPLETE/ILLEGIBLE INFORMATION WILL DELAY PROCESSING

HAS APPLICANT EVER FILED FOR BANKRUPTCY? _____	DATE FILED _____	DATE GRANTED _____	WHERE FILED?	
HAS APPLICANT EVER BEEN EVICTED OR HAD JUDGEMENT ISSUED AGAINST HIM/HER?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST APPLICANT/CO-APPLICANT?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
HAS APPLICANT HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OR DEED IN LIEU THEREOF IN THE PAST SEVEN YEARS?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IS APPLICANT PARTY TO A LAWSUIT?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IS APPLICANT OBLIGATED TO PAY ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IS APPLICANT A CO-MAKER OR ENDORSER ON A NOTE?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
IF APPLICANT ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, ATTACH EXPLANATION.				

ADDITIONAL INFORMATION

NUMBER AND DESCRIPTIONS OF AUTOMOBILES, MOTORCYCLES, VANS, TRUCKS, TRAILERS, CAMPERS, RV's, BOATS, COMMERCIAL VEHICLES, ETC.

MAKE	MODEL	YEAR	COLOR	STATE	LICENSE NUMBER

WATERBED

HOBBIES

DO YOU OWN OR PLAN TO PURCHASE A WATERBED? YES NO	
* Requires owner approval and waterbed insurance	

EMERGENCY CONTACT NOT LISTED ABOVE

NAME	PHONE	RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP

Contingencies: _____

(This application may not be processed until contingencies are agreed to or removed.)

I/ WE REPRESENT THAT THE PREMISES SHALL NOT BE USED FOR ANY ILLEGAL OR RESTRICTED PURPOSE(S) AND CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

I/ WE HEREBY AUTHORIZE THE PERSON OR FIRM TO WHOM THIS APPLICATION IS MADE, ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY SUCH PERSON, TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY.

APPLICANT _____ DATE _____
APPLICANT ACKNOWLEDGES RECEIPT OF COPY OF THIS APPLICATION

Co-APPLICANT _____ DATE _____
Co-APPLICANT ACKNOWLEDGES RECEIPT OF COPY OF THIS APPLICATION



IF ACCEPTED THIS APPLICATION BECOMES A PART OF THE LEASE