RENTAL APPLICATION

This Rental Application is an offer to rent. The Deed of Lease is a legally binding contract.

It is unlawful to discriminate on the basis of race, color, religion, national origin, sex, elderliness, familial status or handicap. This application will be processed in accordance with all Fair Housing and occupancy laws.

BROKE	ERAGE DISCLOSURE
Will Nesbitt Realty LLC	that in this real estate lease transaction the Listing Broker, , represents the Landlord and that the Leasing broker, , represents the Landlord OR $\overline{\mathbf{x}}$ the Tenant. (If the Broker is rd and Tenant, then the appropriate disclosure form is attached to
Applicant/s Initials/	Leasing Agent must attach a business card.
Applicant/s Identification Type & Expiration I	Date:
0	FFER TO RENT
	(Applicant 1) and
(Applicant 2) offer to lease the property known as	("Promises") for years/months
beginning , viigilia , for t	("Premises"), foryears/months he monthly rent of \$payable in
advance on the first day of each month.	1.3
	CONDITIONS
\$ ("Deposit") is If this Application Landlord. If this Application is not accepted, the documented processing charges.	Deposit will be refunded to the Applicant(s) less any additional red by the present occupant. The property is accepted "As Is"
CONTACT NUMBERS: APPLICANT 1	APPLICANT 2
C:	C:
H:	H:
W:	W:
Email:	Email:
OF	FICE USE ONLY
Application Received Date	Time
Approved Rejected Withdrawn Applica	

NVAR - K1008 - Rev. 05/08

Page 1 of 4

APPLICANTS AGREE AND UNDERSTAND THAT:

- 1. This Application, each occupant and each pet are subject to acceptance and approval by the Landlord.
- 2. The Listing Company is obligated to present all Applications to the Landlord until the Lease is signed.
- 3. Landlord and Landlord's Agent may rescind acceptance and resume marketing the Premises at any time until the Lease is signed.
- **4.** Proof of current income is required. For example:
 - Latest Pay Statements/Stubs
 - Last 2 years' Form W-2 for hourly or weekly pay persons
 - Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income
 - Copy of LES and orders for military
- 5. This Application consists of four pages which must be completed in full. Incomplete or missing information will result in delay of a decision. Willful misrepresentation may be grounds for invalidating a Lease.
- 6. A draft of the proposed Lease may be reviewed through the Listing Broker. If Landlord and Applicant cannot agree on terms, the deposit will be refunded.
- 7. Applicant must present valid photo identification or 2 forms of ID before signing the Lease.
- **8.** The Applicant is responsible for obtaining property and liability insurance (Renter's Insurance) and assuming utility accounts where required before occupying the Premises.
- **9.** Any move-in fees and utility deposits are the responsibility of the Applicant.
- **10.** Only those persons listed in the Application are to live in the premises.
- 11. The Premises are not to be used for business except with full knowledge and consent of the Landlord and in conformity with all applicable laws and regulations.

I/we agree to the above conditions and authorize the firm processing this Application to verify any

12. Applicant has no Leasehold interest until the Lease is signed.

Application may be summa Signed Applicant 1	Date	Signed Applicant 2	Date
APPLIC	ANT 1	APP	LICANT 2
Name	_	Name	
Date of Birth	Social Security Number	Date of Birth	Social Security Number
Current Street Address		Current Street Address	
City	State Zip	City	State Zip
From: To: Dates of Occupancy	Rent Mortgage	From: To: Dates of Occupancy	\$\frac{\text{Rent } \sqrt{\text{Mortgage } \sqrt{}}{\text{Rent } \sqrt{\text{Mortgage } \sqrt{}}
Landlord/Mortgage Company Name		Landlord/Mortgage Company	Name
Phone #	Fax #	Phone #	Fax #

Reason for Moving

Reason for Moving

APPLICANT 1

Previous Street Ad	dress		Previous Street Add	lress	
City From: Dates of Occupancy	State \$	Zip Mortgage	City From: Dates of Occupancy	State To: \$ Rent □	Zip
Landlord/Managemen	t/Mortgage Co. Name		Landlord/Management	/Mortgage Co. Name	
Phone #	Fax #		Phone #	Fax #	
Reason for Moving	EMPLOYMENT		Reason for Moving	EMPLOYMENT	
1. Current Company Location Position/Rank	Name From: To: Dates of Employment \$ Income	/year	1. Current Company I Location Position/Rank	Name From: To: Dates of Employment Income	/year
Supervisor Name	y Name	Phone	Supervisor Name	Name	Phone
Location Position/Rank	From: To: Dates of Employment \$ Income	/year	Location Position/Rank		/year
Supervisor Name	DITIONAL INCOME	Phone	Supervisor Name	DITIONAL INCOME	Phone
Source	\$ Amount	/year	Source	\$ Amount	/year

APPLICANT 2

Do you have any animals? LIABILITY COVERAGE IS REQUIRED FOR DOGS.

TYPE	BREED	AGE	WEIGHT	M/F	NEUTURED/DECLAWED
					/
					/
					1

VEHICLE 1 TYPE, MAKE, MODEL	STATE	VEHICLE 2 TYPE, MAKE, MODEL	STATE

Do	you plan to bring a waterbed or large aquarium you intend to smoke or permit smoking in the		ses?		
	EASE ANSWER				
 3. 4. 6. 8. 	Have you ever filed for bankruptcy? Have you ever been evicted? Do you have any judgments? Have you had a foreclosure? Are you party to a lawsuit? Do you pay alimony or child support? Are you a co-signer for a loan or another lease? Have you ever had a rental application rejected? How would you rate your credit?	 Yes □ N Yes □ N Yes □ N Yes □ N 	Yes	No	
	EBTS (List major loans or credit card debt) Type of Loan Creditor		alance	Monthly Pa	yment
2.	SETS (Submit supporting documentation if necessary Type of Asset		on)		
 2. 	Type of Asset			Amount	
	OTHER OCCUP	PANTS OF THE	PREMISES		
2.		PANTS OF THE must submit separ	PREMISES		SHIP
LA	OTHER OCCUP (Occupants over 18 n	PANTS OF THE must submit separ	PREMISES rate applications) D.O.B. ou) OR NEXT	RELATION	SHIP
LA DH	OTHER OCCUP (Occupants over 18 n ST NAME FIRST NAME AN	PANTS OF THE must submit separ	PREMISES rate applications) D.O.B. ou) OR NEXT	RELATION	SHIP
LA DH	OTHER OCCUP (Occupants over 18 m ST NAME FIRST NAME AN CSIGNATED CONTACTS (Someone who knows) Name Telephone Address	PANTS OF THE must submit separ	PREMISES ate applications) D.O.B. ou) OR NEXT	RELATION Γ-OF-KIN Relationship State	SHIP
2. LA DE	OTHER OCCUP (Occupants over 18 m ST NAME FIRST NAME AN ESIGNATED CONTACTS (Someone who knows) Name	PANTS OF THE must submit separ	PREMISES ate applications) D.O.B. ou) OR NEXT	RELATION T-OF-KIN Relationship	

NVAR - K1008 - Rev. 05/08