

____APPROVED ____NOT APPROVED DATE_____

DAVIS REALTY & PROPERTY MANAGEMENT COMPANY, INC.

328E Old York Hampton Hwy, Yorktown, VA 23692-4571

Phone: (757) 595-8600; Fax: (757) 595-0170

Rental Application and Agreement to Lease

(This offer is legally binding. If not understood, please seek competent legal advice for signing).

This Property will be shown and made available to all persons without regard to race, color, creed, religion, national original, sex, familial status, handicap or elderliness in compliance with all federal, state and local fair housing laws and regulations.

The undersigned hereby makes application with Davis Realty & Property Management Company, Inc., managing broker, to rent the property located at _____ for a term of _____ beginning on _____ at a monthly rental of \$_____ payable on the first of each month in advance.

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

FULL NAME _____ SS# _____ DOB ____ / ____ / ____

MAIDEN NAME, IF APPLICABLE _____

CO-APPLICANT _____ SS# _____ DOB ____ / ____ / ____

MAIDEN NAME, IF APPLICABLE _____

OTHER OCCUPANTS

1) _____ RELATION _____ DOB ____ / ____ / ____

2) _____ RELATION _____ DOB ____ / ____ / ____

3) _____ RELATION _____ DOB ____ / ____ / ____

4) _____ RELATION _____ DOB ____ / ____ / ____

Applicant: Home Phone No. _____ Work No. _____ Cell No. _____

Co-Applicant: Home No. _____ Work No. _____ Cell No. _____

Email: Applicant: _____ Co-Applicant: _____

PETS (Number/Breed) _____ Weight _____ Age _____

(Pet Deposit: \$300-\$600; additional deposit and fees may be required)

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 PAYMENTS _____

LANDLORD/MORTGAGE CO. _____ PHONE NO. _____

LANDLORD FAX NO: _____ REASON FOR LEAVING _____

PLEASE INITIAL: APPLICANT _____ CO-APPLICANT _____

PREVIOUS ADDRESS _____

Street/P.O. Box Apt. Number

City State Zip
MONTH & YEAR MOVED IN _____ RENTED _____ OWNED _____ MONTHLY PAYMENTS _____
LANDLORD/MORTGAGE CO. _____ PHONE NO. _____
REASON FOR LEAVING _____

3. INCOME AND EMPLOYMENT INFORMATION (PLEASE ATTACH SUPPORTING DOCUMENTATION: ONE FULL MONTH OF CURRENT PAY STUBS; IF SELF-EMPLOYED, TWO YEARS OF TAX RETURNS. IF MILITARY PLEASE PROVIDE COPY OF CURRENT TRANSFER ORDERS)

APPLICANT'S EMPLOYER _____

Name Phone No.

Street/P.O. Box City State Zip
APPLICANT'S POSITION/RANK _____ SALARY \$ _____
SUPERVISOR _____ HOW LONG _____
CO-APPLICANT'S EMPLOYER _____

Name Phone No.

Street/P.O. Box City State Zip
CO-APPLICANT'S POSITION/RANK _____ SALARY \$ _____
SUPERVISOR _____ HOW LONG _____
OTHER INCOME _____ SOURCE _____
You do not need to reveal any alimony or child support unless you want us to consider it in this application

4. BANKING AND CREDIT REFERENCES

BANK #1 _____
Name City/State Phone # Account #/Type
BANK #2 _____
Name City/State Phone # Account#/Type
DEBT #1 _____ BALANCE DUE \$ _____ MONTHLY PAYMENTS \$ _____ ACCOUNT # _____
DEBT #2 _____ BALANCE DUE \$ _____ MONTHLY PAYMENTS \$ _____ ACCOUNT # _____
DEBT #3 _____ BALANCE DUE \$ _____ MONTHLY PAYMENTS \$ _____ ACCOUNT # _____
DEBT #4 _____ BALANCE DUE \$ _____ MONTHLY PAYMENTS \$ _____ ACCOUNT # _____

PLEASE INITIAL: APPLICANT _____ CO-APPLICANT _____

5. OTHER INFORMATION

YOUR VEHICLE (YEAR/MAKE/MODEL) _____ LICENSE PLATE # _____ STATE _____
OTHER VEHICLE (YEAR/MAKE/MODEL) _____ LICENSE PLATE # _____ STATE _____
DRIVER'S LICENSE # _____ YEAR EXPIRES _____ STATE _____

WATER BED? _____ YES _____ NO

RENTER'S INSURANCE? _____ YES _____ NO If yes, please provide:

INSURANCE COMPANY: _____ AGENT'S PHONE: _____ POLICY # _____

DO YOU USE TOBACCO PRODUCTS? _____

DOES ANYONE LISTED ON THIS APPLICATION USE TOBACCO? _____

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

IS A SMOKE DETECTOR FOR THE HEARING IMPAIRED REQUIRED? _____ YES _____ NO

EMERGENCY CONTACT #1 _____

Name/Address/Phone # _____

EMERGENCY CONTACT #2 _____

Name/Address/Phone # _____

The Applicant(s) herewith enclose the following funds:

\$45.00 PER APPLICANT

Non-refundable Application Fee (Cash or Money Order) –

NO PERSONAL CHECKS ACCEPTED!!

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)

\$ _____ Pet Deposit

ALL DEPOSITS ARE REQUIRED TO BE PAID IN FULL BEFORE POSSESSION

QUALIFICATION REQUIREMENTS

1. Gross income of at least 3 times the monthly rent
2. Rental Reference
3. Income & employment verification

PLEASE INITIAL: APPLICANT _____ CO-APPLICANT _____

All leases are subject to application zoning laws and Homeowner Association Condominium, or Co-Operative Restrictions, By-Laws and Rules and Regulations (if applicable). No keys will be delivered or possession granted to premises 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, Managing Broker shall deduct from the funds received any and all actual damages, expense and loss of rent up to the full amount of the funds received.

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. If the Property was built prior to 1978, 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 Lease Agreement.

6. DISCLOSURE OF BROKERAGE RELATIONSHIP

Landlord and Tenant each acknowledge the brokerage relationship described below:

XXX A. Landlord and Tenant confirm that in connection with this transaction, the Listing Broker and the Leasing Broker, and their sales person, have acted on behalf of Landlord as Landlord representative.

The Applicant(s) hereby certify that the information contained in this application is true and correct to the best of Applicant(s)' knowledge and Applicant(s) have not intentionally withheld any facts or circumstances which would adversely affect this application. Applicant(s) hereby authorize Davis Realty & Property Management Company, Inc. to 1) Conduct a credit check; 2) Conduct a background check, **to include criminal and eviction history**; 3) Verify any or all references listed herein; 4) Disclose the information to the Property Owner or Permitted Agent, and to retain ALL ENCLOSED FUNDS LISTED IN SECTION #5, OTHER INFORMATION, should any information contained herein be a misrepresentation or falsification that results in this application being denied. In addition, should such misrepresentation or falsification be discovered after the lease is executed, it will be grounds for immediate cancellation and invalidation of the lease.

MEGAN'S LAW: Tenant(s) should exercise whatever due diligence they deem necessary with respect to information on any sexual offenders registered under Chapter 23 (Section 19.2-387 et seq.) Of Title 19.2 whether the owner(s) precedes under subdivision 1 or 2 of subsection A of Section 55-519. Such information may be obtained by contacting your local police department or Department of State Police, Central Criminal Records Exchange, at (804) 674-2000.

APPLICANT'S SIGNATURE _____ DATE: _____

SOCIAL SECURITY NUMBER _____

CO-APPLICANT
SIGNATURE _____ DATE: _____

SOCIAL SECURITY NUMBER _____