

# Thank You

For your interest in our rental property.

For your convenience, the following is a list of standard items needed to process your application:

**You provide MKB with the following:**

Copy of your driver's license  
Copy of your most recent paycheck stub  
\$50 cash application fee

**MKB acquires:**

Credit Report  
Rental verification  
Employment/Salary  
Verification  
Criminal Background  
Check

A general rule to establish if you qualify for a property is that you gross three (3) times the rent per month. For example if the rent for a home is \$500 then the required monthly gross income would be at least \$1500 per month. (Of course this is just a guideline.)

A decision will be made within 24 hours after all required documents are received. In the event that there is more than one application the property will go to the most qualified applicant.

Should you have any questions or concerns please feel free to contact us at 540-989-4555.

Again thank you for your interest in our rental property.

Cindy Weikel                      Director of Property Management  
Mendi Keatts                      Property Management Assistant  
Darin Duffy                        Leasing Administrative Assistant  
**MKB Property Management**



# **Notice to Tenants:**

**All application fees must be paid in:  
Cash or Money Order**

**The Security, Pet & Key Deposit must be paid in  
(1) check and the Pro-Rate or Rent Amount must  
be paid by another check.**

**Security, Pet & Key Deposits must be paid by:  
Money Order or Certified Check**

**Pro-Rated & Rent Payments may be paid in:  
Money Order, Personal Check, or Certified Check**



**VIRGINIA ASSOCIATION OF REALTORS®  
APPLICATION FOR LEASE**



(This is a legally binding contract. If not understood, seek competent advice before signing.)

The property will be shown and made available to all persons without regard to race, color, creed, religion, national origin, sex, familiar status, handicap, or elderliness in compliance with all applicable federal and state and local fair housing laws and regulations.

This Application for Lease, is made on \_\_\_\_\_, \_\_\_\_\_  
between \_\_\_\_\_  
\_\_\_\_\_ (Applicant or Tenant, whether one or more)  
and \_\_\_\_\_ (Landlord)  
through \_\_\_\_\_ (Listing Broker or Agent, who represents  
Landlord), and \_\_\_\_\_ (Leasing Broker, who does   
or does not  represent Applicant).

Applicant hereby applies for a residential living unit located at \_\_\_\_\_, Virginia, in the  
City/County of \_\_\_\_\_, for occupancy commencing on \_\_\_\_\_, at an  
initial monthly rent payment of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_).

PLEASE FILL IN ALL INFORMATION COMPLETELY

1. Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel # (H): \_\_\_\_\_ Tel # (W): \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ Years: \_\_\_\_\_ Landlord: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_ Landlord's Tel #: \_\_\_\_\_  
City State Zip

Previous Address: \_\_\_\_\_ Years: \_\_\_\_\_ Landlord: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_ Landlord's Tel #: \_\_\_\_\_  
City State Zip

Presently Employed By: \_\_\_\_\_ How long? \_\_\_\_\_

Position: \_\_\_\_\_ Salary \$ \_\_\_\_\_ (Wk., Mo., Yr) Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Formerly Employed By: \_\_\_\_\_ How long? \_\_\_\_\_ Supervisor: \_\_\_\_\_

2. Co-Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel # (H): \_\_\_\_\_ Tel # (W): \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ Years: \_\_\_\_\_ Landlord: \_\_\_\_\_  
Street/P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord's Tel #: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Years: \_\_\_\_\_ Landlord: \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord's Tel #: \_\_\_\_\_

Co-Applicant Employed By: \_\_\_\_\_ How long? \_\_\_\_\_

Position: \_\_\_\_\_ Salary \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Other Occupants: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Number of Vehicles: \_\_\_\_\_

5. Pets: Kind: \_\_\_\_\_ Type: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Name: \_\_\_\_\_  
Other: \_\_\_\_\_ How Many: \_\_\_\_\_ ID TAG#: \_\_\_\_\_

6. If you are presently in Armed Services, state:

Applicant	Co-Applicant
Rank: _____	Rank: _____
Serial No.: _____	Serial No.: _____
Outfit: _____	Outfit: _____
Telephone: _____	Telephone: _____

7. Other Income:

Applicant	Amount \$ _____	Per: _____	Source Of: _____
Co-Applicant	Amount \$ _____	Per: _____	Source Of: _____

COMPLETE AND SPECIFICALLY LIST ANY DEBTS NOW OUTSTANDING (ATTACH ADDITIONAL SHEET IF NECESSRY)

CREDITOR	ADDRESS	ACCOUNT NO.	MONTHLY PAYMENT
			\$
			\$
			\$
			\$

CHECKING ACCOUNT NO.	BANK		ADDRESS	
SAVINGS ACCOUNT NO.	BANK		ADDRESS	
AUTOMOBILE: MAKE YR.	MODEL	FINANCED BY AND ADDRESS	MO. PAYMENT	LICENSE #
AUTOMOBILE: MAKE YR.	MODEL	FINANCED BY AND ADDRESS	MO. PAYMENT	LICENSE #

CIRCLE IF YOU OWN: CAMPER                  MOTORCYCLE                  BOAT                  TRUCK                  TRAILER

Will any person named above require a visual smoke detector for deaf or hearing impaired?

Yes

No

In Case of Emergency Notify: \_\_\_\_\_

Name

Address

Phone

Relationship

A non-refundable application fee in the amount of \_\_\_\_\_ must accompany this Application. A deposit of \_\_\_\_\_ must accompany this Application and will become the security deposit provided in the lease agreement upon the commencement of the lease term. A pet deposit of \_\_\_\_\_ is due at the time of execution of the lease agreement.

Upon application by Applicant to become tenants in this residential living unit, Agent will remove the unit from the available rent list. Applicant has been furnished a copy of Landlord's standard lease agreement to review. If this application is approved and Applicant and/or Guarantor, if required, fails to execute a lease agreement in substantially the form of Landlord's standard lease agreement and begin paying rent on the date specified in this Application for occupancy of the premises, Applicant agrees to pay Landlord's actual expenses and damages up to the full amount of the security deposit. Agent reserves the right to make all appropriate deductions from the deposit to recover the Landlord's actual damages and expenses as allowed by applicable Virginia law.

DISCLOSURE OF BROKERAGE RELATIONSHIP: Landlord and Applicant confirm that in connection with the transaction contemplated by this Application, the Listing Broker and its salespersons represent Landlord, and the Leasing Broker and its salespersons represent Landlord  or Applicant . If Listing Broker is engaging in dual or designated agency, a separate consent agreement has been entered into by Listing Broker and Applicant.

**RENTAL AND CREDIT HISTORY:**

Reason for leaving current residence: \_\_\_\_\_

Has any Applicant ever been rejected for tenancy? Yes  No . If yes, please explain: \_\_\_\_\_

Has any Applicant ever refused to pay rent when due, been a defendant in an unlawful detainer action or eviction, or otherwise been sued by a landlord for matters related to a tenancy? If so, please give details, and the status of any pending actions: \_\_\_\_\_

Has any Applicant ever filed for bankruptcy? Yes  No . If so, please give dates of filing and status of case: \_\_\_\_\_

Please give the names and phone numbers of three references:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please provide the following information if the lease will be guaranteed.

Name of Guarantor: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Applicant should exercise whatever due diligence Applicant deems necessary with respect to information on any sexual offenders registered under Chapter 23 (sec. 19.2-387 et seq.) of Title 19. Such information may be obtained by contacting your local police department or the Department of State Police, Central Records Exchange at (804) 674-2000 or [www.state.va.us/vsp/vsp.html](http://www.state.va.us/vsp/vsp.html).

The Applicant hereby certifies that the information contained in this Application for Lease is true and correct to the best of Applicant's knowledge and belief. Applicant hereby authorizes Listing Broker to conduct a credit check on Applicant and an appropriate background check to verify information provided herein by Applicant for approval or rejection of this Application.

We have read the terms and conditions of this Application for Lease. We understand this is a binding contract separate and apart from the Lease Agreement.

SIGNATURE OF APPLICANT \_\_\_\_\_ / \_\_\_ / \_\_\_  
Date

SIGNATURE OF APPLICANT \_\_\_\_\_ / \_\_\_ / \_\_\_  
Date

SIGNATURE OF GUARANTOR \_\_\_\_\_ / \_\_\_ / \_\_\_  
Date

**LISTING BROKER TO VERIFY APPLICANT'S IDENTIFICATION**

TYPE OF IDENTIFICATION \_\_\_\_\_

The undersigned acknowledges receipt from Applicant of the sum of \$ \_\_\_\_\_ by cash or personal check payable to \_\_\_\_\_, which amount consists of an application fee in the amount of \$ \_\_\_\_\_ and a security deposit in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_/\_\_\_/\_\_\_  
Signature of Recipient Date Received

This Application for Lease is hereby ACCEPTED as of the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Landlord or Listing Broker

Leasing Broker's Address \_\_\_\_\_

Phone no. \_\_\_\_\_ Cell phone or pager no. \_\_\_\_\_ Email: \_\_\_\_\_

Broker's Code: \_\_\_\_\_

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