

RENTAL APPLICATION

This Rental Application (“Application”) is an offer to rent. The 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. It is also unlawful to discriminate against all classes protected by the laws of any applicable local jurisdictions and the REALTOR® Code of Ethics. This application will be processed in accordance with occupancy laws.

BROKERAGE DISCLOSURE

Applicants acknowledge by their initials that in this real estate leasing transaction Listing Broker, _____, represents Landlord and that Leasing Broker, _____, represents Landlord **OR** Tenant. (If Broker is acting as a dual or designated representative, then the appropriate disclosure form is attached to and made a part of this Application).

Applicant(s) Initials _____ / _____

Leasing Agent must attach a business card.

Applicant(s) Identification Type & Expiration Date: _____.

OFFER TO RENT

_____ (“Applicant 1”) and _____ (“Applicant 2”) 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.

CONDITIONS

A NON-REFUNDABLE PROCESSING FEE OF \$ _____ per Applicant is included with this Application. Processing may take up to three (3) business days to complete. **A NON REFUNDABLE HOLDING FEE** of \$ _____ is included and will be held by _____. If this Application is accepted, the Holding Fee will be converted to first month’s rent once tenant signs a rental lease agreement. **THE HOLDING FEE MAY BE FOREFEITED IF YOUR APPLICATION IS APPROVED AND YOU FAIL TO SIGN A LEASE AND TAKE POSSESSION.**

If this Application is not accepted, the Holding Fee will be returned to Applicant(s), less any additional documented processing charges, within ten (10) business days. **IT IS UNDERSTOOD AND AGREED TO BY ALL PARTIES THERETO THAT LANDMARK REALTY GROUP, LLC OR HOME INVESTMENT MANAGEMENT CO. DOES NOT HAVE TO MAINTAIN THE HOLDING FEE IN A SEPARATE ESCROW ACCOUNT.**

Occupancy is subject to possession being delivered by the present occupant. **The Premises are accepted “As-Is” unless otherwise noted below or by attachment.**

CONTACT INFORMATION:

APPLICANT 1

C: _____
H: _____
W: _____
Email: _____

APPLICANT 2

C: _____
H: _____
W: _____
Email: _____

OFFICE USE ONLY

Application Received Date _____ Time _____
Application Reviewed By _____
Approved Rejected Withdrawn Applicant or Agent notified Date _____ Time _____

APPLICANT 1

APPLICANT 2

Previous Street Address

Previous Street Address

City State Zip

City State Zip

From: To: \$
Dates of Occupancy Rent Mortgage

From: To: \$
Dates of Occupancy Rent Mortgage

Landlord/Management/Mortgage Co. Name

Landlord/Management/Mortgage Co. Name

Phone # Email

Phone # Email

Reason for Moving

Reason for Moving

EMPLOYMENT

EMPLOYMENT

1. Current Company Name

1. Current Company Name

From: To:
Location Dates of Employment

From: To:
Location Dates of Employment

\$ /year

\$ /year

Position/Rank Income

Position/Rank Income

Supervisor Name Phone

Supervisor Name Phone

2. Previous Company Name

2. Previous Company Name

From: To:
Location Dates of Employment

From: To:
Location Dates of Employment

\$ /year

\$ /year

Position/Rank Income

Position/Rank Income

Supervisor Name Phone

Supervisor Name Phone

ADDITIONAL INCOME

ADDITIONAL INCOME

\$ /year
Source Amount

\$ /year
Source Amount

DEBTS (List major loans and/or credit card debt)

Table with 4 columns: Type of Loan, Creditor, Balance, Monthly Payment. Rows 1 and 2.

ASSETS (Submit supporting documentation if necessary for qualification)

Table with 2 columns: Type of Asset, Value. Rows 1 and 2.

ADDITIONAL INFORMATION

Do you plan to bring a waterbed or large aquarium into the Premises? Yes No
 Do you intend to smoke or permit smoking in the Premises? Yes No

PLEASE ANSWER

	<u>Applicant 1</u>	<u>Applicant 2</u>	<u>Explanation*</u>
1. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. Have you ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. Do you have any judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. Have you had a foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. Are you party to a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. Do you pay alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7. Are you a co-signer for a loan or another lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8. Have you ever had a rental application rejected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9. Will you require a visual smoke detector?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10. Are you entitled to diplomatic immunity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
11. How would you rate your credit?	_____	_____	_____

*Attach separate sheet if necessary.

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

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

Do you have any vehicles?

VEHICLE: TYPE, MAKE, MODEL	STATE	VEHICLE: TYPE, MAKE, MODEL	STATE

OTHER OCCUPANTS OF THE PREMISES

(Occupants over 18 must submit separate applications)

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

DESIGNATED CONTACTS (Someone who knows how to reach you) OR NEXT-OF-KIN

1. _____
 Name Relationship Email

Telephone Address City State Zip

2. _____
 Name Relationship Email

Telephone Address City State Zip