RENTAL APPLICATION

Return to

Phone 757-428-0046

Hudgins Real Estate 1072 Laskin Road, Suite 101E Virginia Beach, VA 23451 FAX 757-428-0426/ Email: hudginsre@gmail.com

Application is hereby made to leas	se the premises at			
beginning on the day of	(month)	Lease term reques	sted:	
Pet Fee: \$	Monthly Rent: \$			
APPLICANT INFORMATIO	N			
Name:		SS;	#:	
Date of Birth:///				
Address:				
City				
Current Phone #:		How long at cur	rent address: _	
Cell Phone #:	Cell Phone #: E-mail:			
\Box Rent or \Box Own Monthly Rent:	\$	Do you have a l	lease: 🗆 Yes	□ No
Expiration Date://	Notice	Given: 🗆 Yes 🗆 N	0	
Name of current landlord:				
Phone#:		Fax#:		
Former Address:		City	State	Zip
Name of former landlord:				
Phone#:		Fax#:		
Do you own real estate: 🗆 Yes 🗆 N	No If yes, where:			
In case of emergency, notify: Na	ame: (not co-applic	ant)		
Relationship: Ad	ddress:		Phone #:	
List all persons who will occupy the rental premises:				
Name	Relationship	Date of Birth	5	SS#
		//		
		///		
		//		

EMPLOYMENT INFORMATION

Employer:			
Employer's Address:			
Occupation:	Length of Employment:		
Supervisor:	Telephone # :		
Salary: \$ per	(week/month/year)		
Additional income* amount \$ Sou *Applicant need not disclose alimony, child support or separate mainten considered for the purpose of the application for tenancy.			
If military, complete the following (attach copy of o			
Duty Station:	Rank/Rate:		
Report Date:/ End of current	t enlistment://		
CREDIT INFORMATION			
Do you have any judgments and/or collections? \Box Yes	□ No		
Have you ever filed for Bankruptcy? \Box Yes \Box No If yes,	provide discharge date://////		
Have you ever been sued or evicted for nonpayment of re	ent? 🗌 Yes 🗌 No		
Have you ever been subject to a foreclosure? Yes	No 🛛 Do you have any liens? 🗌 Yes 🔲 No		

If you have answered yes to any of the above, please explain in detail: ______

Outstanding Debts	Payment	Outstanding Debts	Payment
	\$		\$
	\$		\$
	\$		\$

BANKING & INSURANCE INFORMATION

Bank:	Account #:
Bank:	Account #:
Address:	

APPLICATION FOR TENANCY -

Type(s)/Weight(s):	Age(s) of pets:
Do you have any pets? \Box Yes \Box No How many?	Spayed/Neutered? Yes No
Do you have a waterbed? \Box Yes \Box No Insurance for waterbe	ed? \Box Yes \Box No Copy of policy? \Box Yes \Box No
Do you have renters insurance? Yes No	

FEES/DEPOSITS

Applicant will submit an application fee in the amount of $\frac{50.00}{1000}$ for the purpose of being considered as a tenant. The application fee is non-refundable, whether or not the applicant becomes a tenant in the premises.

Applicant shall submit an application deposit in the amount of \$______ along with this signed Application for Tenancy. If the applicant does not become a tenant in the premises, the application deposit, less the amount of the Owner's actual expenses and damages, shall be refunded to the applicant.

Each applicant certifies information provided in this application is true and accurate to the best of their knowledge. The Owner of the premises and the Owner's Agent have each applicant's permission to obtain credit history and criminal background information, and verify any information provided. Each applicant also authorizes any current or prior landlords or their agents to release information about each applicant to the Owner and Agent. If any applicant withholds or gives false information, this application is considered void and the owner may terminate the lease agreement.

The Owner of the premises you are applying for carries insurance on the dwelling only. You must acquire renters insurance for your own household goods. Neither the agent nor owner of the property is responsible for damages to your personal property.

Applicant acknowledges that property remains on the market until deposit is received in certified funds along with the signed lease.

Owner and Agent are pledged by the letter and spirit of the U.S. policy for achievement of equal housing opportunity. We encourage and support affirmative advertising and marketing programs in which there are not barriers to obtaining housing because of race, color religion, sex, handicap, familial status, elderliness or national origin.

Megan's Law Disclosure:

Applicant(s) should exercise whatever due diligence they deem necessary with respect to information on any sex offenders registered under Chapter 23 (19.2-387 et seq.) of Title 19.3. Such information may be obtained by contacting your local police department or the Virginia State Police, Central Criminal Records Exchange, at 804-674-2000 or on the Internet at <u>http://sex-offender.vsp.virginia.gov.sor/</u>.

DISCLOSURE OF BROKERAGE RELATIONSHIP:

Each applicant understands that the agent represents the Owner of the premises and acknowledges having received a copy of this application at the time it was submitted.

Applicant's Signature:					
Applications submitted or	ו: (Date)	_/	/	at	_a.m./p.m.

THANK YOU!