

Residential Lease Application

Property Management Provided by:

Peter Leisen & Melissa Leisen
Phone) 540-383-3952 e-mail melissaandpeter@verizon.net Fax) 866-663-0517

1. Fees
 - a) Today's Date: _____ / _____ / _____
 - b) Occupancy by: _____ adults and _____ children and _____ pets.
 - c) Earnest Money Deposit enclosed:
 - i. Towards indemnification: \$ _____ Payable to: *Peter Leisen*
 - ii. Towards Routine Mtnc.: \$ _____ Payable to: *Peter Leisen*
 - d) Credit report fee enclosed (non-refundable): **\$50.00 per applicant** Payable to: *Peter Leisen*
2. It is understood and agreed that:
 - a) The Premises applied for are to be used as a residential dwelling to be occupied by not more than the number of adults and children listed in this Application:
 - b) Occupancy is subject to possession being delivered by the present occupant; and
 - c) Any and all personal property placed in Premises shall be at the Tenant's risk and Tenant shall insure same.
3. The Earnest Money Deposit referenced above is made with a clear understanding that:
 - a) This application, including each prospective occupant, is subject to approval and acceptance by the Landlord;
 - b) After approval and acceptance by Landlord/Agent, the Applicant(s) shall execute Deed of Lease within three days of verbal notice by Landlord to do so;
 - c) If the Applicant(s) does not execute the Lease, including student guarantors of all parties, the Earnest Money Deposit, at the option of the Landlord/Agent, shall be forfeited;
 - d) A copy of the lease may be reviewed through Landlord; and
 - e) If this Application is not approved and accepted by the Landlord/Agent, the Earnest Money Deposit shall be refunded.

Applicant Name and Address (Please Print)

1. Applicant Full Name (include any suffix) _____ Date of Birth: ____ / ____ / ____
Where you can be reached prior to lease term: Social Security #: ____ - ____ - ____
Home Phone: (____) _____ Driver's lic. #: _____ State: ____
Office Phone: (____) _____ E-mail Address: _____
Mobile Phone: (____) _____ 2nd E-mail Address: _____
2. Applicant's present residence:
Full Street Address: _____ How long? ____ Months Rent/month\$ _____
City, State, Zip: _____ Landlord's name: _____
Reason for Moving: _____ Landlord's phone: (____) _____
3. Applicant's previous residence:
Full Street Address: _____ How long? ____ Months Rent/month\$ _____
City, State, Zip: _____ Landlord's name: _____
Reason for Moving: _____ Landlord's phone: (____) _____

Applicant Employment

4. Applicant's present employment:
Company: _____ How long? ____ Months Rent/month\$ _____
Full Street Address: _____ Salary? \$ _____ Month
City, State, Zip: _____ If Armed Services: Branch/Rank/Length of service: _____
Supervisor's Name: _____
Supervisor's Title: _____
Supervisor's Phone: (____) _____

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5. Applicant's previous employment:

Company: _____
Full Street Address: _____
City, State, Zip: _____
Supervisor's Name: _____
Supervisor's Title: _____
Supervisor's Phone: _(____)_____

How long? ____ Months Rent/month\$_____

Salary? \$_____ Month

If Armed Services: Branch/Rank/Length of service:

Co-Applicant Name and Address (If Married)

6. Co-Applicant Name (include any suffix) _____

Phone number: _(____)_____

E-mail Address: _____

2nd E-mail Address: _____

Date of Birth: ____ / ____ / ____

Social Security #: ____ - ____ - ____

Driver's lic. #: _____ State: ____

7. Applicant's present residence:

Full Street Address: _____
City, State, Zip: _____
Reason for Moving: _____

How long? ____ Months Rent/month\$_____

Landlord's name: _____

Landlord's phone: (____) _____

8. Applicant's previous residence:

Full Street Address: _____
City, State, Zip: _____
Reason for Moving: _____

How long? ____ Months Rent/month\$_____

Landlord's name: _____

Landlord's phone: (____) _____

Co-Applicant Employment

9. Co-Applicant's present employment:

Company: _____
Full Street Address: _____
City, State, Zip: _____
Supervisor's Name: _____
Supervisor's Title: _____
Supervisor's Phone: _(____)_____

How long? ____ Months Rent/month\$_____

Salary? \$_____ Month

If Armed Services: Branch/Rank/Length of service:

10. Co-Applicant's previous employment:

Company: _____
Full Street Address: _____
City, State, Zip: _____
Supervisor's Name: _____
Supervisor's Title: _____
Supervisor's Phone: _(____)_____

How long? ____ Months Rent/month\$_____

Salary? \$_____ Month

If Armed Services: Branch/Rank/Length of service:

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Financial and Credit History

11. Monthly payments (automobiles, credit card, student loans, child support, alimony, tax judgments, garnishment, etc.)

Applicant			Co-Applicant		
To	Amount	Balance	To	Amount	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total of Monthly Payments:			_____	_____	_____

12. Personal references

Applicant			Co-Applicant		
Reference Name	City/State	Phone	Reference Name	City/State	Phone
_____	_____	(____) _____	_____	_____	(____) _____
_____	_____	(____) _____	_____	_____	(____) _____

13. In case of emergency, notify:

Applicant

Name _____ Relationship _____ Phone number _____

Address _____ City _____ State _____ Zip _____

Co-Applicant

Name _____ Relationship _____ Phone number _____

Address _____ City _____ State _____ Zip _____

14. A negative answer to these set of questions will not necessarily disqualify the applicant.

Has Applicant or Co-Applicant ever filed for bankruptcy? Yes No

If yes, date filed _____ Date granted _____ State _____

Has Applicant ever been evicted or had a judgment(s) issued against him or her? Yes No

Has Applicant had properly foreclosed upon or given title or deed in lieu of foreclosure? Yes No

Is Applicant party to a lawsuit? Yes No

Miscellaneous

15. Other occupants:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

16. Pets Description:

Name	Breed	Age	Weight
_____	_____	_____	_____
_____	_____	_____	_____

17. Hobbies:

a. Applicant: _____

b. Co-Applicant: _____

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18. Water beds. Do you own or plan to purchase a water bed or aquarium? Yes No
19. Non-Smoking property: Do any prospective occupants of premises smoke? Yes No
20. Automobiles, campers, vans, trailers, trucks, commercial vehicles, etc.:

Year	Make	Model	Color	License Number	State	App's	Co-App's
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Attachments

For each applicant, please provide copies of the following documents when submitting your application:

21. **Wage Statements.** If Applicant is paid on an hourly or weekly basis please attach Form W-2 for the past two years and last two pay statements (Military LES).
 If Applicant is self-employed please attach U.S. Tax Form 1040 with Schedule C for the past two years.
 If Applicant is about to begin employment, please attach signed offer letter from your new employer and a phone number for Employers HR department.
22. **Bank Statements.** Bank statements for past two months for checking and savings accounts.

Certifications and Acknowledgements

23. I hereby certify that the above information is true to the best of my knowledge.
24. Acknowledgement
- I hereby authorize the person or firm to whom this application is made and any credit bureau or other investigatory agency employed by such person to investigate the references herein listed and any statements or other data obtained from me or any other person pertaining to my credit or financial responsibility. The information collected will be restricted solely for the purpose of determining ability of applicant and co-applicant to make the payments committed to in the lease.
 - I acknowledge receipt of a copy of this application.

_____ _____
 Applicant's signature Date

_____ _____
 Co-Applicant's signature Date