



1110 E. Market St, Suite 16E, Charlottesville, 22902

Phone: (434) 978-7900 Fax: (434) 978-7351

Email: info@newhousecompany.com

APPLICATION FOR LEASE

Please fill in all information completely:

Residential living unit located at: _____ Desired Start Date: _____

1. Applicant: _____ SSN: _____ DOB: _____
Tel. # (H) _____ Tel. #(W)) _____ Tel. # (Cell)) _____
Email: _____

Present Address: _____ Years: _____ Landlord: _____

Street/ P.O. Box

City: _____ State: _____ Zip: _____ Landlord Tel. #: _____

Previous Address: _____ Years: _____ Landlord: _____

Street/ P.O. Box

City: _____ State: _____ Zip: _____ Landlord Tel. #: _____

Current Rent: _____ Reason for leaving: _____

Presently Employed by: _____ How long? _____

Position: _____ Salary: _____ (Wk., Mo., Yr.) Supervisor: _____

Telephone: _____

Formerly Employed by: _____ How long? _____ Supervisor: _____

Telephone: _____

2. Co-Applicant: _____ SSN: _____ DOB: _____

Tel. # (H) _____ Tel. #(W)) _____ Tel. # (Cell)) _____

Email: _____

Present Address: _____ Years: _____ Landlord: _____

Street/ P.O. Box

City: _____ State: _____ Zip: _____ Landlord Tel. #: _____

Previous Address: _____ Years: _____ Landlord: _____

Street/ P.O. Box

City: _____ State: _____ Zip: _____ Landlord Tel. #: _____

Current Rent: _____ Reason for leaving: _____

Presently Employed by: _____ How long? _____

Position: _____ Salary: _____ (Wk., Mo., Yr.) Supervisor: _____

Telephone: _____

Formerly Employed by: _____ How long? _____ Supervisor: _____

Telephone: _____

3. Other Occupants Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____

4. Number of Vehicles: _____
 Automobile Make: _____ Model: _____ License # _____
 Automobile Make: _____ Model: _____ License # _____
 Automobile Make: _____ Model: _____ License # _____

5. Pets: Type: _____ Color: _____ Weight: _____ Name: _____
 Other: _____ How Many: _____ ID TAG # _____
 • Pets require an additional deposit, rent and fees. All pets must be approved.

6. Other Income Applicant:
 Amount: _____ Per: _____ Source: _____
 Other Income Co-Applicant:
 Amount: _____ Per: _____ Source: _____

Complete and specifically list any debts now outstanding (Attach additional sheet if necessary)

CREDITOR	ADDRESS	MONTHLY PAYMENT

Will any person named on the lease require a visual smoke detector for the deaf or hearing impaired?
 Yes _____ No _____

In Case of Emergency Notify: _____ Phone: _____

A non-refundable application fee in the amount of \$35 per adult must accompany this Application. Security Deposit and Pet Deposit are 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.

DISCLOSURE OF BROKERAGE RELATIONSHIP: Landlord and Applicant confirm that in connection with the transition 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 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 names and phone numbers of three references:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

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

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 authorized New House Company to conduct a credit check on Applicant and 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 APPLICANT: _____

Date