

**Print first 6 pages if 2 applicants, all 11 pages if 4 applicants.**

**SUMMARY**

**This document SUMMARY is based on NVAR (Northern Virginia Association of Realtors) Form K1008, Rental Application included in subsequent pages.**

On page 2 of 4 is summary of NVAR criteria and required documents.

**Item 10 and [B] on page 4 of 4 - All adults (18+) need to be listed as applicants.**

Item 4 – Proof of current income, employment covered with documents No. 1, 5, 6, 7.

Item 7 – valid photo identification covered with document No. 3

On page 2 of 4 Current street address – covered with documents No. 1, 2, 3, 4.

- NO camera images.
- All horizontal lines need data, information (except property address and rent amount.
- Put application package together >> **Fax >> OR scan to 1 BIG PDF file >> email.**

**\*\*\*\*\* Please make sure these are included for every adult applicant : \*\*\*\*\***

1. recent 3 pay slips AND all pay slips from December of previous year. If changed / NEW job need offer letter and last 3 paystubs from previous employer. Additional Income proof – letter for retirement / social security / disability; court signed order for child support; bank statements with deposit amounts.
2. last 3 rental payment / mortgage payment / rent receipt / processed bank check copies / Account statement / account summary.
3. driver license or passport pages copy with photo and date of birth shown for photo identification.
4. any one utility (gas, electric, water, cable, telephone) bill copy AND latest bank statement.
5. W2 or Form 1099 copy for last 1 year received from employer,
6. IRS Tax filing form 1040 for last 1 year, and if applicable business tax return / income documents filed by applicant with IRS.
7. Social Security Number card copy / IRS Tax Identification Number (TIN) copy / IRS SS4 letter copy for company / signed W9 for all applicants.
8. Only for Section 8 applicants -- include voucher copy; signed RTA copy; last / current PHA Contract or Amendment page; last case worker name, email address, phone number.

Attachment Checklist

[A] - If in past had foreclosure / bankruptcy list reasons, filing date, include Notice of Filing Form 309A.

**Earnest Money Deposit (EMD)** – amount to show applicants have funds to proceed. After lease signing this is applied towards security deposit and then to initial month's rent OR returned if lease is not signed.

**For greater attractiveness to your application you can offer HIGHER security deposit, higher rent amount on page 1 of 4.** Leave the address in "offer to rent" blank and you can be considered for all available houses or use this same NVAR application with other owners.

**NO waterbeds allowed. NO Smoking. NO pets allowed without pre-approval.**

Availability of yard is NOT approval to get pets after moving to the house. If pets are found without signed Pet Addendum the tenant hereby authorizes pets to be removed at tenant's cost. Tenant hereby agrees to pay for repainting, recarpeting and cosmetics for the interior of the house as desired by future tenants due to tenant damages, pets presence on property.

**Tenant has to buy tenant's insurance policy for at least value of home about \$200000 a year.**

You can get free online report from [www.freecreditreport.com](http://www.freecreditreport.com) and provide a copy. **We can also provide personalized / additional upgrades as desired by tenants with one time upfront cost paid by tenants or adjusted monthly rent.**

**[www.VirginiaRS.com](http://www.VirginiaRS.com)**

**Any Qs, doubt call [www.7033346247.com](http://www.7033346247.com)**

*Needed with 7 attachments*

*All horizontal lines \_\_\_\_\_ need data,*

### 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.

*Security deposit offered is \$ \_\_\_\_\_* **CONDITIONS** *must be at least 1 month rent,*

**A NON-REFUNDABLE PROCESSING FEE OF \$ \_\_\_\_\_ per Applicant** is included with this Application. Processing may take up to five (5) business days to complete. **AN EARNEST MONEY DEPOSIT** of \$ \_\_\_\_\_ (the "Deposit") is included and will be held by \_\_\_\_\_. If this Application is accepted and a lease is signed, the Deposit will be credited to amounts owed to Landlord. If this Application is not accepted, the Deposit will be returned to Applicant(s) less any additional documented processing charges. Funds held by an escrow agent will be deposited no later than five (5) business banking days after Application has been approved.

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

*Section 8 Tenant, Yes/No.*  
**CONTACT INFORMATION:**

*Last house HAP Rent: \$ \_\_\_\_\_*  
*Notice date to current owner: \_\_\_\_\_*

*Tenant Rent Portion: \$ \_\_\_\_\_*  
*Unit Size on Voucher: \_\_\_\_\_*

#### 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 \_\_\_\_\_

*NVAR - K1008 - rev. 01/17*

*Initials* Tenant:   /

**APPLICANTS AGREE AND UNDERSTAND THAT:**

1. This Application, each occupant and each pet are subject to acceptance and approval by Landlord.
2. Listing Broker is obligated to present all Applications to Landlord until a lease is signed.
3. Landlord and Listing Broker may rescind acceptance and resume marketing the Premises at any time until a lease is signed.
4. Proof of current income is required. For example:
  - a. Latest Pay Statements/Stubs
  - b. Last 2 years' Form W-2 for hourly or weekly pay persons
  - c. Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income
  - d. Copy of LES and orders for military
5. This Application consists of four (4) pages which must be completed in full. Incomplete or missing information will result in delay of a decision. Willful misrepresentation may be grounds for invalidating a lease.
6. A draft of the proposed lease may be reviewed through Listing Broker. If Landlord and Applicant(s) cannot agree on terms, the Deposit will be returned.
7. Applicant(s) must present valid photo identification or two (2) forms of ID before signing the lease.
8. Applicant(s) is responsible for obtaining property and liability insurance (Renter's Insurance) and assuming utility accounts where required before occupying the Premises.
9. Any move-in fees and utility deposits are the responsibility of Applicant(s).
10. Only those persons listed in Application are to live in the Premises.
11. The Premises are not to be used for business except with full knowledge and consent of Landlord and in conformity with all applicable laws and regulations.
12. Applicant(s) has no leasehold interest until a lease is signed.

I/we agree to the above conditions and authorize the firm processing this Application to verify any information contained herein and to perform any credit or investigative inquiries necessary to properly evaluate this Application, and any renewal. If any information is found to be false or misleading, the Application may be rejected.

\* Applicant 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT 1**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
 Dates of Occupancy MM/DD Rent  Mortgage

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving \_\_\_\_\_  
 Realtor name (if used): for above address  
 Realtor Phone No.: \_\_\_\_\_  
 Security Deposit: \$ \_\_\_\_\_

**APPLICANT 2**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
 Dates of Occupancy MM/DD Rent  Mortgage

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving \_\_\_\_\_  
 Realtor name (if used): for above address  
 Realtor Phone No.: \_\_\_\_\_  
 Security Deposit: \$ \_\_\_\_\_

\*: use blank sheet to list previous address to cover 3+ years duration.  
previous employment.

**APPLICANT 1**

**APPLICANT 2**

\* Previous Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_

Dates of Occupancy MM/DD Rent  Mortgage

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving  
Realtor Name: **EMPLOYMENT**

Previous Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_

Dates of Occupancy MM/DD Rent  Mortgage

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving  
Realtor Name: **\* EMPLOYMENT**

1. \_\_\_\_\_  
Current Company Name

# Location Address From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates of Employment

\$ \_\_\_\_\_ /year

Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Office Phone \_\_\_\_\_

1. \_\_\_\_\_  
Current Company Name

\* Location Address From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates of Employment

\$ \_\_\_\_\_ /year

Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Office Phone \_\_\_\_\_

2. \_\_\_\_\_  
Previous Company Name

Location Address From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates of Employment

\$ \_\_\_\_\_ /year

Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Office Phone \_\_\_\_\_

2. \_\_\_\_\_  
Previous Company Name

Location Address From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates of Employment

\$ \_\_\_\_\_ /year

Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Office Phone \_\_\_\_\_

**ADDITIONAL INCOME**

**ADDITIONAL INCOME**

\$ \_\_\_\_\_ /year

Source \_\_\_\_\_ Amount \_\_\_\_\_

\$ \_\_\_\_\_ /year

Source \_\_\_\_\_ Amount \_\_\_\_\_

**DEBTS** (List major loans or credit card debt) child support, judgments etc.

Type of Loan	Creditor	Balance	Monthly Payment
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**ASSETS** (Submit supporting documentation if necessary for qualification)

Type of Asset	Value
1. _____	_____
2. _____	_____

# Work Address:

**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**

12. Do you have criminal (non traffic) cases  Yes  No  Yes  No **Explanation\* Use sheet if necessary**
1. Have you ever filed for bankruptcy?  Yes  No  Yes  No \_\_\_\_\_
2. Have you ever been evicted?  Yes  No  Yes  No \_\_\_\_\_
3. Do you have any judgments?  Yes  No  Yes  No \_\_\_\_\_
4. Have you had a foreclosure?  Yes  No  Yes  No \_\_\_\_\_
5. Are you party to a lawsuit?  Yes  No  Yes  No \_\_\_\_\_
6. Do you pay alimony or child support?  Yes  No  Yes  No \_\_\_\_\_
7. Are you a co-signer for a loan or another lease?  Yes  No  Yes  No \_\_\_\_\_
8. Have you ever had a rental application rejected?  Yes  No  Yes  No \_\_\_\_\_
9. Will you require a visual smoke detector?  Yes  No  Yes  No \_\_\_\_\_
10. Are you entitled to diplomatic immunity  Yes  No  Yes  No \_\_\_\_\_

(A) 11. How would you rate your credit? \_\_\_\_\_  
 Attach sheet to explain YES above, evictions, bankruptcy, foreclosure reasons & date.

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	License Plate Details	Registration Copy

(B) **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

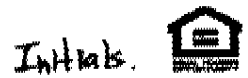
**DESIGNATED CONTACTS** (Someone who knows how to reach you) **OR NEXT-OF-KIN** (not staying with you)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Form **W-9**  
 (Rev. October 2007)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *how to get a TIN* on page 3.

Social security number
OR
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Needed with attachments

All horizontal lines need data. For Applicants 3 & 4.

### 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 3") and \_\_\_\_\_ ("Applicant 4") 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.

Security deposit offered is \$ \_\_\_\_\_ CONDITIONS must be at least 1 month rent

A NON-REFUNDABLE PROCESSING FEE OF \$ \_\_\_\_\_ per Applicant is included with this Application. Processing may take up to five (5) business days to complete. AN EARNEST MONEY DEPOSIT of \$ \_\_\_\_\_ (the "Deposit") is included and will be held by \_\_\_\_\_. If this Application is accepted and a lease is signed, the Deposit will be credited to amounts owed to Landlord. If this Application is not accepted, the Deposit will be returned to Applicant(s) less any additional documented processing charges. Funds held by an escrow agent will be deposited no later than five (5) business banking days after Application has been approved.

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

Section 8 Tenant, Yes/No. Last house HA P Rent: \$ \_\_\_\_\_ Tenant Rent Portion: \$ \_\_\_\_\_  
CONTACT INFORMATION: Notice date to current owner: \_\_\_\_\_ Unit Size on Voucher: \_\_\_\_\_

APPLICANT 3  
C: \_\_\_\_\_  
H: \_\_\_\_\_  
W: \_\_\_\_\_  
Email: \_\_\_\_\_

APPLICANT 4  
C: \_\_\_\_\_  
H: \_\_\_\_\_  
W: \_\_\_\_\_  
Email: \_\_\_\_\_

#### OFFICE USE ONLY

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

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Initials: Tenant: \_\_\_\_\_ / \_\_\_\_\_

**APPLICANTS AGREE AND UNDERSTAND THAT:**

1. This Application, each occupant and each pet are subject to acceptance and approval by Landlord.
2. Listing Broker is obligated to present all Applications to Landlord until a lease is signed.
3. Landlord and Listing Broker may rescind acceptance and resume marketing the Premises at any time until a lease is signed.
4. Proof of current income is required. For example:
  - a. Latest Pay Statements/Stubs
  - b. Last 2 years' Form W-2 for hourly or weekly pay persons
  - c. Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income
  - d. Copy of LES and orders for military
5. This Application consists of four (4) pages which must be completed in full. Incomplete or missing information will result in delay of a decision. Willful misrepresentation may be grounds for invalidating a lease.
6. A draft of the proposed lease may be reviewed through Listing Broker. If Landlord and Applicant(s) cannot agree on terms, the Deposit will be returned.
7. Applicant(s) must present valid photo identification or two (2) forms of ID before signing the lease.
8. Applicant(s) is responsible for obtaining property and liability insurance (Renter's Insurance) and assuming utility accounts where required before occupying the Premises.
9. Any move-in fees and utility deposits are the responsibility of Applicant(s).
10. Only those persons listed in Application are to live in the Premises.
11. The Premises are not to be used for business except with full knowledge and consent of Landlord and in conformity with all applicable laws and regulations.
12. Applicant(s) has no leasehold interest until a lease is signed.

I/we agree to the above conditions and authorize the firm processing this Application to verify any information contained herein and to perform any credit or investigative inquiries necessary to properly evaluate this Application, and any renewal. If any information is found to be false or misleading, the Application may be rejected.

Applicant 3 Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant 4 Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT-3**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
 Dates of Occupancy MM/DD Rent  Mortgage

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving for above address  
 Realtor name (if used): \_\_\_\_\_  
 Realtor Phone No.: \_\_\_\_\_  
 Security Deposit: \$ \_\_\_\_\_

**APPLICANT-4**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
 Dates of Occupancy MM/DD Rent  Mortgage

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving for above address  
 Realtor name (if used): \_\_\_\_\_  
 Realtor Phone No.: \_\_\_\_\_  
 Security Deposit: \$ \_\_\_\_\_

Initials  
 Tenant: 1



\* use blank sheet to list previous street addresses to cover 3 years duration.  
 previous employment

**APPLICANT 3**

**APPLICANT 4**

\* Previous Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_

Dates of Occupancy MM/DD Rent  Mortgage

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving \_\_\_\_\_

Realtor Name: **EMPLOYMENT**

Previous Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_

Dates of Occupancy MM/DD Rent  Mortgage

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving \_\_\_\_\_

Realtor Name: **\*EMPLOYMENT**

1. Current Company Name

1. Current Company Name

# Location Address From: \_\_\_\_\_ To: \_\_\_\_\_

Dates of Employment \_\_\_\_\_

\$ \_\_\_\_\_ /year

Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ office Phone \_\_\_\_\_

\* Location Address From: \_\_\_\_\_ To: \_\_\_\_\_

Dates of Employment \_\_\_\_\_

\$ \_\_\_\_\_ /year

Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ office Phone \_\_\_\_\_

2. Previous Company Name

2. Previous Company Name

Location Address From: \_\_\_\_\_ To: \_\_\_\_\_

Dates of Employment \_\_\_\_\_

\$ \_\_\_\_\_ /year

Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ office Phone \_\_\_\_\_

Location Address From: \_\_\_\_\_ To: \_\_\_\_\_

Dates of Employment \_\_\_\_\_

\$ \_\_\_\_\_ /year

Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ office Phone \_\_\_\_\_

**ADDITIONAL INCOME**

**ADDITIONAL INCOME**

Source \_\_\_\_\_ \$ \_\_\_\_\_ /year

Amount \_\_\_\_\_

Source \_\_\_\_\_ \$ \_\_\_\_\_ /year

Amount \_\_\_\_\_

**DEBTS** (List major loans or credit card debt) *child support, judgments etc.*

Type of Loan	Creditor	Balance	Monthly Payment
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**ASSETS** (Submit supporting documentation if necessary for qualification)

Type of Asset	Value
1. _____	_____
2. _____	_____

# Work Address

**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**

12. Do you have criminal (non-traffic) cases?  Yes  No
1. Have you ever filed for bankruptcy?  Yes  No
2. Have you ever been evicted?  Yes  No
3. Do you have any judgments?  Yes  No
4. Have you had a foreclosure?  Yes  No
5. Are you party to a lawsuit?  Yes  No
6. Do you pay alimony or child support?  Yes  No
7. Are you a co-signer for a loan or another lease?  Yes  No
8. Have you ever had a rental application rejected?  Yes  No
9. Will you require a visual smoke detector?  Yes  No
10. Are you entitled to diplomatic immunity?  Yes  No
11. How would you rate your credit?  Yes  No

Use sheet if necessary  
**Explanation\***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Attach separate sheet if necessary.

(A) Attach sheet to explain YES above, evictions, bankruptcy, foreclosure reasons & date.

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	License	Plate	Details	Registration Copy

**(B) 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** (not staying with you)

1. Name Relationship Email

Telephone Address City State Zip

2. Name Relationship Email

Telephone Address City State Zip



Initials   
 Tenant: /   
 Rental app

**Form W-9**  
 (Rev. October 2007)  
 Department of the Treasury  
 Internal Revenue Service

**Request for Taxpayer  
 Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter tax classification (S=disregarded entity, C=corporation, P=partnership) ▶ .....  Exempt payee  
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
OR
Employer identification number

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,