

Date: _____

Reaves Property Management
4248 Buttonwood Ct.
Virginia Beach, VA 23462
757-567-0661 cell
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ReavesProperty@yahoo.com

RENTAL APPLICATION

*** Application fee is **\$35** per Adult or **\$50** per Married couple ***
payable in cash or money order.
Security deposits must be made with ***cash or certified funds.***

This application is to rent property at: _____

Intended possession date: _____

Name: _____
(Last) (First) (Middle)
Home Phone: _____
Cell Phone: _____
SSN: _____ - _____ - _____ DOB: _____
Email: _____

Address: _____
(Street) (City) (State) (Zip)

Current Landlord's Name: _____ Telephone: _____
How long at above address? _____ Monthly Rent _____
Do you have a lease? _____ Expiration Date _____ Notice given? _____
Have you ever been sued or evicted for non-payment of rent? _____
If yes, explain: _____
Former address: _____

(Street) (City) (State) (Zip)
Former Landlord: _____ Telephone: _____

Spouse or Roommate: _____
(Last) (First) (Middle)
Home Phone: _____
Cell Phone: _____
SSN: _____ - _____ - _____ DOB: _____
Email: _____

Address: _____
(Street) (City) (State) (Zip)

Current Landlord's Name: _____ Telephone: _____
How long at above address? _____ Monthly Rent? _____
Do you have a lease? _____ Expiration Date _____ Notice given? _____
Have you ever been sued or evicted for non-payment of rent? _____
If yes, explain: _____
Former address: _____

(Street) (City) (State) (Zip)
Former Landlord: _____ Telephone: _____

EMPLOYMENT INFORMATION

**** Attach copies of income documentation for example; last 2 paystubs, LES, 1040 pg 1&2, SSI Letters ****

APPLICANT

Occupation: _____
Employer: _____
Address: _____
How long employed? _____
Telephone: _____
Supervisor: _____
Salary: _____ Yearly _____ Monthly _____
Additional income: _____

SPOUSE or ROOMATE

Occupation: _____
Employer: _____
Address: _____
How long employed? _____
Telephone: _____
Supervisor: _____
Salary: _____ Yearly _____ Monthly _____
Additional income: _____

Source: _____
IF MILITARY COMPLETE FOLLOWING:
FOLLOWING:
Duty Station: _____
Telephone: _____
Rank: _____ Rate: _____
Commanding Officer: _____

Source: _____
IF MILITARY COMPLETE
Duty Station: _____
Telephone: _____
Rank: _____ Rate: _____
Commanding Officer: _____

CREDIT INFORMATION

APPLICANT

Do you have any judgments? _____
Have you ever filed bankruptcy? _____

BILLS	MONTHLY PYMNT
_____	/
_____	/
_____	/
_____	/

Bank Name: _____
In case of emergency notify: _____
Relationship: _____
Telephone: _____
Address: _____

SPOUSE or ROOMATE

Do you have any judgments? _____
Have you ever filed bankruptcy? _____

BILLS	MONTHLY PYMNT
_____	/
_____	/
_____	/
_____	/

Bank Name: _____
In case of emergency notify: _____
Relationship: _____
Telephone: _____
Address: _____

List all parties who will occupy rental: **(Please list Ages of all Children)**

_____	Relationship: _____	
_____	Relationship: _____	
_____	Relationship: _____	Age
_____	Relationship: _____	Age
_____	Relationship: _____	Age

Do you or anyone who will reside in this rental have a hearing impairment? _____
If yes, will you need a hearing impaired smoke detector? _____
Will there be a waterbed in the unit? _____ Do you have renters insurance? _____
Will there be any pets? _____ How many? _____ Type/weight? _____

The owner carries insurance on the building only and strongly recommends and advises you to obtain Renters insurance on your personal belongings. ***The owner is not responsible for damage to your personal property ***

In the event applicant(s) withholds information or gives false information, this application and the lease agreement may be terminated by the owner.

SECURITY DEPOSIT: The home will continue to be marketed & shown until receipt of the security deposit. If this application is approved and the applicant(s) does not sign the Lease agreement **and** take possession **within 30 days** after receipt of the Security Deposit, **the security deposit will be forfeited**. A copy of the Lease & Disclosures are available for review upon request.

Application fee is non-refundable.

By signing this application you agree that if you vacate the premises & owe money, Reaves Property Mgmnt can continue to run your credit.

Property is offered without respect to race, color, creed, sex, marital status, handicap, children, age or national origin of the applicant(s).

Applicant(s) are hereby advised that Robert Reaves does business as Reaves Property Management & is a licensed Broker in the state of Virginia. By signing below the applicant(s) acknowledges that this information has been disclosed.

I/We certify the foregoing information is true and accurate to the best of my/our knowledge. ***The owner has my/our consent to investigate my/our credit record, verify employment and any rental or income references.*** This application may be used as authorization to obtain said references.

**** Information gathered in this application is considered private and will only be used for purposes of verification, identification, and other areas associated with renting. ****

PLEASE READ THIS APPLICATION BEFORE SIGNING

Tenant Signature	Print name	Date
Tenant Signature	Print name	Date
Tenant Signature	Print name	Date
Robert Reaves (Broker/Owner)	Date	