



The Property Shoppe

3149 Shore Drive
Virginia Beach, VA 23451
Tel: (757) 496-1986
Fax: (757) 496-1014

- APPLICATION FEE IS NON-REFUNDABLE (\$25.00 PER PERSON)
- COPY OF ID MUST BE SUBMITTED AT TIME OF APPLICATION.



APPLICATION FOR TENANCY

Application is hereby made to lease the premises at _____

Lease start date: _____, 20____
 Monthly rent: \$ _____
 Pet fee: \$ _____

Lease term: _____
 Security Deposit: \$ _____

APPLICANT INFORMATION

Applicant's Name: _____
 Address: _____

 Email Address: _____
 Co-Applicant's Name: _____
 Address: _____

 Email Address: _____
 List All Parties Who Will Occupy Rental:

Date of Birth: _____
 Social Sec. #: _____
 Work #: _____
 Home/Cell #: _____
 Date of Birth: _____
 Social Sec. #: _____
 Work #: _____
 Home/Cell #: _____
 Relationship: _____
 Relationship: _____
 Relationship: _____
 Relationship: _____
 Relationship: _____

EMPLOYMENT INFORMATION

Applicant

Occupation: _____
 Employer: _____
 Address: _____
 How Long Employed? _____
 Telephone #: _____
 Supervisor: _____
 Salary: \$ _____ per _____
 Additional Income: _____
 Source: _____

Co-Applicant

Occupation: _____
 Employer: _____
 Address: _____
 How Long Employed? _____
 Telephone #: _____
 Supervisor: _____
 Salary: \$ _____ per _____
 Additional Income: _____
 Source: _____

IF MILITARY COMPLETE:

Duty Station: _____
 Rank: _____ Rate: _____
 CO Name: _____
 CO Phone: _____
 ETS Date: _____
 LES Attached: _____ Yes / _____ No

IF MILITARY COMPLETE:

Duty Station: _____
 Rank: _____ Rate: _____
 CO Name: _____
 CO Phone: _____
 ETS Date: _____
 LES Attached: _____ Yes / _____ No

RENTAL HISTORY

Current Landlord: _____
 Time at address: _____
 Lease Expiration Date: _____
 Former Landlord: _____

Phone/Fax: _____
 Monthly Rent: _____
 Notice Given: _____
 Phone/Fax: _____

Time at address: _____
Have you ever been Sued/Evicted for Non-Payment of Rent: Yes / No

Monthly Rent: _____
If Yes, Explain: _____

CREDIT INFORMATION

Have you EVER had any JUDGMENTS: _____ Yes / No
If Yes, Explain: _____

Have you EVER filed Bankruptcy: _____ Yes / No
If Yes, Explain: _____

Bank Name: _____
Bank Phone: _____

Account #: _____
Bank Address: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____
Address: _____
Contact Name: _____
Address: _____

Relationship: _____
Phone: _____
Relationship: _____
Phone: _____

Please provide Vehicle Information:

Vehicle Type: _____
Vehicle Type: _____
Vehicle Type: _____

Year: _____ License#: _____
Year: _____ License#: _____
Year: _____ License#: _____

DO YOU OR ANY OF THE OCCUPANTS HAVE:

a) Hearing Impairment(s): _____ Yes / No
b) Water Bed(s): _____ Yes / No
c) Renters Insurance: _____ Yes / No
d) Any pets: _____ Yes / No

If yes, will you have a Hearing Impaired Smoke Detector: _____
If Yes, do you have Insurance: _____

If Yes, How Many: _____
Pet Type/Weight? _____

The owner of the unit you are applying for carries insurance on the building only. We strongly recommend and advise you to obtain insurance on your personal belongings. The agent and the owner of the property are not responsible for damage to your property.

We/I certify the foregoing information is true and accurate to the best of our/my knowledge. The agent or the owner has our/my consent to investigate our/my credit record and verify credit, employment and any rental reference or income.

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

If this application is approved and the applicant(s) decide not to rent the property and/or sign the lease agreement, any security deposit and/or pet deposit paid by him/her will be forfeited. If the security deposit is not paid at the time of application or within twenty four hours after the application is accepted, the unit will be placed back on the rental market. Application fees are non-refundable.

Agent has the responsibility to offer service to all clients pursuant to State and Federal Fair Housing Law.

PLEASE READ THE ABOVE STATEMENTS CAREFULLY BEFORE SIGNING.

Applicant: _____

Co-Applicant: _____

Date: _____

Date: _____

FOR OFFICE USE ONLY:	Applicant:	Co-Applicant
Copy of ID:		
Application Fee:		
Copy of LES:		



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RENTAL VERIFICATION

Date: _____

To: _____

Fax #: _____

The applicant(s) listed below has/have applied with The Property Shoppe for a rental property and has/have listed _____
_____ (address) as a previous residence.

Please answer the following questions and fax back to us as soon as possible.

Applicant Name:

Applicant Signature:

- 1) _____
- 2) _____
- 3) _____

- 1. Monthly Rent: _____
- 2. Dates of Occupancy: _____
- 3. No. of Late Rental payments: _____
- 4. No. of Late Fees: _____
- 5. No. of NSF checks: _____
- 6. Were returned check charges paid: _____
- 7. Did the Tenant leave owing money? If so, how much? _____
- 8. Was the house/unit left in satisfactory condition? _____
- 9. Would you re-rent to this individual or individuals again? _____

This information was provided by: _____ **(Name)**

Signature: _____

Title: _____

Company: _____

Date: _____

Return to fax number: (757) 496-1014 _____