

## PROPERTY MANAGEMENT

Website: www.BHHSTowneRentals.com

## HELPFUL INFORMATION FOR SUBMITTING YOUR RENTAL APPLICATION

Thank you for looking to BHHS Towne Realty for your next home. The following information will help us in processing your rental application as quickly as possible:

- 1. Please fill out the rental application in its entirety and please don't forget to sign it. Please sign the Landlord Verification form as well.
- 2. Along with your application, please submit the application fee made payable to BHHS Towne Realty in the amount of \$50.00 for each individual.
- 3. Within 24 hours after your rental application is approved, you must present us with a Certified Check or Money Order made payable to BHHS Towne Realty in the minimum amount equal to one month's rent as your Security Deposit. If the funds are not received within that time frame, the premises will be returned to the rental market.
- 4. Income guideline: your monthly gross income should be at least 3 times the rent amount. (i.e. monthly rent amount is \$800.00; monthly gross income should be \$2,400.00 or more)
- 5. Roommate guideline: each adult applicant (except married couples), shall qualify individually. Sorry, we don't combine your incomes to make the minimum income guideline.
- 6. We will need a copy of your photo ID, including your social security number.
- 7. We will need your current, as well as former landlord's name, address and phone number. If you now own your home, we will need mortgage information. We will also need documentation regarding your plans for that home (i.e.: copy of listing for sale, copy of sales contract, copy of lease agreement)
- 8. CIVILIANS: We will need your current employer information as well as copies of your recent pay stubs. If you have been on the job less than 6 months, your former employer's information will be needed. **NOTE:** If you are **self-employed**, we will need your tax return(s) for the previous two (2) years.
- 9. MILITARY PERSONNEL: We will need a copy of your most current LES and a copy of your current transfer orders.
- 10. If you are relying on "other" income, i.e. Social Security benefits or Child Support, we will need a copy of the document stating your benefits.

The Property Manager whose property you are applying for will process your application. Your credit history, criminal history, landlord references and your employer references will be evaluated in qualifying you to rent the property. If we receive all information needed and it can be verified easily, the application process will normally take 24 to 48 hours. We will contact you immediately upon completing the process to discuss the results with you. Thank you!

BHHS Towne Realty • 701 Greenbrier Parkway • Chesapeake, VA 23320 • (757) 420-0071 • (757) 420-1074 (Fax)

NOTES:		







# BERKSHIRE HATHAWAY | Towne Realty HomeServices

Y | Towne Realty Application for Tenancy
All sections must be completed. Incomplete applications will not be processed.

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$\mathbf{PM}$		

I would like to apply for the property located at			1	beginning
for a term of		_ at \$ per	month.	
PERSONAL INFORMATION				
Name: (	ne	Last	(Sr/	(Jr/ 1 <sup>st</sup> /2 <sup>nd</sup> )
Social Security #:/ Date of Birth:/		Relationship to Co-Ap		
Current Address:				
Street	City		State	Zip
Phone: (H): (W):		(C):		
E-mail Address:				
Current Landlord:	Landlo	ord Phone:		
Dates at this address: From to		Monthly Rent:		
Do you have a lease:   Yes No Expiration Date:		Notice given	: Yes	☐ No
Former Address:				
Street	City		State	Zip
Former Landlord Name:	Former La	ndlord Phone:		
Dates at former address: Fromto		Monthly Rent:		
EMPLOYMENT INFORMATION				
Present Employer:				
Address:Street	City		State	Zip
Occupation:		Phone:		
Supervisor:		How long there:		
Salary: (Wk/Mo/Yr) Other Income:		Source:		
IF EMPLOYED LESS THAN A YEAR, PLEA	ASE COMPLETE	E THIS SECTION		
Former Employer:				
Address:Street	City		State	Zip
Occupation:	•	Phone:		_
Supervisor:		How long there:		
IF MILITARY, PLEASE COMPI				
Duty Station:				
Rate/Rank:		Phone:		
Commanding Officer:		of Record:		

# IN CASE OF EMERGENCY, NOTIFY: (Must be someone who does not reside with you) Relationship: Phone: \_(\_\_\_\_\_) Address: City Zip CREDIT/DEBT INFO: OUTSTANDING DEBTS MONTHLY PYMT **OUTSTANDING DEBTS** MONTHLY PYMT TOTAL OF MONTHLY PAYMENTS: Acct #: LIST ALL OTHER PERSONS WHO WILL OCCUPY THE PROPERTY: DOB: \_\_\_\_\_ SSN: \_\_\_\_ DOB: Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_ Year: License #: State: VEHICLE TYPE: VEHICLE TYPE: Year: License #: State: VEHICLE TYPE: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ **OTHER:** Do you have any Pets? Y N How many?: \_\_\_\_\_ Type and size (weight)?:\_\_\_\_\_ Neutered/Spayed? Y N Age of all pets: Do you have any unpaid judgments or collections? \( \subseteq \text{Y} \subseteq \text{N} \) Have you filed Bankruptcy in the last 3 years? \( \subseteq \text{Y} \subseteq \text{N} \) Are you now being or have you ever been evicted? \( \subseteq \text{Y} \subseteq \text{N} \) Have you ever been convicted of a crime? $\prod Y \prod N$ If you answered Yes to any of the above, please explain: Renter's Insurance? ☐ Y ☐ N With Whom? $\square$ Y $\square$ N Are Hearing Impaired Smoke Detectors needed? Do any occupants have special needs? \( \subseteq \text{ Y} \subseteq \text{ N} If yes, please explain:

Applicant hereby authorizes Agent to verify all information and to conduct credit and criminal background checks. Applicant certifies that information given is true and accurate to the best of Applicant's knowledge. Should Applicant withhold or provide false information, this application and any lease entered into based on this information may be voided immediately. Application fee must be received with application made payable to BHHS Towne Realty and is NON-REFUNDABLE.

Self employed persons must submit a copy of the previous two (2) years tax returns for purposes of income verification.

If this application is approved and Applicant fails to enter into a lease agreement, any deposit paid by Applicant may be retained. The application deposit must be presented in certified funds and received IN FULL made payable to BHHS Towne Realty with application or within 24 hours after application is approved or the Premises will be returned to the rental market.

No representations, promises, or agreements as to occupancy or date of possession have been made and this application shall not be construed as a lease or agreement therefore.

Applicant acknowledges that Agent represents the Landlord/Owner and signatures below indicate this fact has been disclosed. Agent adheres to all applicable Federal and State Fair Housing and Equal Housing Opportunity Laws.

All properties which permit pets require payment of a pet deposit and/or fee made payable to BHHS Towne Realty. Minimum deposits/fees are \$300 per pet.

SIGNATURE: (required for processing)				
Applicant's Signature:				
Phone number where applicant may be contacted:				
Showing Agent:	Firm:			
Application fee received: \$	Check/M.O./Certified Check #:			
Received by:	Date/Time of Application:	AM		

NOTE: Our application fee is \$50 for each individual applicant.

FOR OFF	ICE USE ONLY:	
PM Received:	Date & Time:	
Landlord Reference:		
Income/Employment Verification:		
Owner Decision:		
Agreed Rent Amount:	Sec. Dep. Amount:	
Pet Deposit / Fee:	Pet Deposit Pet Fee	:
Date Application Approved by Owner:	Date Accepted by Applicant:	
Alternate Rent Offer:		
Applicant's Offer:	Date Conveyed to Owner:	
Amount Countered or Accepted by Owner:	Countered Acce	pted
Date Offer Countered or Accepted by Owner:	Countered	pted
Date Offer Accepted by Applicant:		
Deposit:		
Date Application Deposit Received:	Amount:	
M.O./Certified Check Number(s):		
Received By:		
Other Funds Received:		
Explanation of Funds (i.e.: move/in rent; 1st month full rent, etc.): _		
Check/M.O./Certified Check Number(s):		
Received By:	Date:	

## LANDLORD VERIFICATION

	ТН	IS SECTION TO BE COMPLETED BY A	APPLICANT
TO:	(Name and address of Landlord)		Date:
		<u> </u>	Landlord: Phone Number:
			Fax Number:
			E-Mail:
Applicar	nt Name:		
	Address:		
Applying	g to rent property located at:		
I hereby	authorize release of my rental history/info	(Address)	
Signatur	e of Applicant	<del></del>	Date
	ormation provided will remain confiden		cation of rental payment history and care of rental property ose only. Your prompt response is crucial and greatly
Sincerel	W.		
Sincerei	y: Property Manager		
		Return Form To:	
	TH	IIS SECTION TO BE COMPLETED BY	LANDLORD
Dates of	Residency? Lease from	to	
			checks:
	pay their rent on time? Yes \( \square\) No \( \square\)		
_	nove-out notice given? Yes \( \square\) No \( \square\)		dlord? Reason?
Were the	ere any deductions from their security dep	osit? Yes 🗌 No 🔲 Please commo	ent:
Do they	have an outstanding balance? Yes \(\Boxed{\subset}\) N	No ☐ If so, how much? \$	
_	ou rent to them again? Yes \(\simega\) N		
If pets, a	any problems? (i.e.: odor, fleas, damage, et	c.) Yes No Please comme	nt:
Did you	ever take legal action on them? Yes	No Please comment:	
-			
Landlord	d's Signature	Landlord's Printed Name	Date