

RAINES PROPERTY MANAGEMENT, INC

RENTAL/CREDIT APPLICATION

OFFICE USE ONLY:

Property Address applied for: _____
Commencement date: _____ Term: _____ Monthly rent: _____

Application fee pd: ___/___/___
Payment Method: _____

Taken by: _____

PERSONAL INFORMATION

Name of Applicant: _____ Date of Birth: ___/___/___

Social Security No.: _____ Driver's License No.: _____

Present Address: _____

Street # City State Zip

Telephone Number: (____) _____ Email Address: _____

Are you a: _____ student, _____ graduate student, _____ non student

Prior Address: _____

Street # City State Zip

How long have you lived at present address? _____ Prior address? _____

Name of current Landlord: _____ Telephone No.: (____) _____

EMPLOYMENT INFORMATION

Employer: _____ Position: _____

Employer's Address: _____

Street # City State Zip

Telephone No.: (____) _____ Salary: _____ (Wk. Biwk. Mo. Yr.)

How long have you been employed with current employer? _____

CO-APPLICANT/SPOUSE INFORMATION

Name: _____ Date of Birth: _____

Social Security No.: _____ Driver's License No.: _____

Address: _____

Street # City State Zip

How long have you lived at present address? _____ Telephone No.: (____) _____

Are you a: _____ student, _____ graduate student, _____ non student

Employer: _____ Position: _____

Employer's Address: _____

Street # City State Zip

Telephone No.: (____) _____ Email Address: _____

How long have you been employed with current employer? _____

OTHER OCCUPANTS

PET INFORMATION

Type: _____ Number: _____ Weight: _____ Description: _____

OTHER INFORMATION

Have you or co-applicant ever:

Filed for bankruptcy? _____ yes _____ no If yes, when? _____
Been served an eviction notice or been asked to vacate a property you were renting? _____ yes _____ no
Willfully or intentionally refused to pay rent when due? _____ yes _____ no If yes, when? _____
Been convicted of any misdemeanor or felony other than a traffic violation? _____ yes _____ no
If yes please explain _____

In case of emergency notify: _____
Name Phone # Relationship
Address: _____
Street # City State Zip

Next of kin: _____
Name Phone # Relationship
Address: _____
Street # City State Zip

3 NON-RELATED REFERENCES:

1. _____
Name Phone # Relationship
Address: _____
Street # City State Zip

2. _____
Name Phone # Relationship
Address: _____
Street # City State Zip

3. _____
Name Phone # Relationship
Address: _____
Street # City State Zip

DISCLOSURE OF BROKERAGE RELATIONSHIP:

Landlord and tenant confirm that in connection with this transaction, the listing broker, leasing broker and their salespersons have acted on behalf of Landlord’s representatives.

MEGAN’S LAW

You should exercise whatever due diligence you deem necessary with respect to information on any sexual offenders registered under Chapter 23 (19.2 – 387 et seq.) of Title 19.2: whether the owner proceeds under subdivision 1 or 2 of subsection A of 55-519. Such information may be obtained by contacting your local police department or the Department of State Police Criminal Records Exchange at (804) 674-2000 or the website address www.state.va.us/vsp/vsp.html.

A \$25.00 fee must accompany this application which is non-refundable. A deposit of \$_____ must accompany this application and will become a security deposit provided in the Lease Agreement upon the commencement of the lease term.

Upon the signing of this application and approval of the applicant(s) to become tenant(s) in this residential living unit, the Rental Agent will remove the said unit from the availability rental list. Applicant(s) agree to pay the Landlords the full amount of the deposit should the applicant(s) fail to execute a Lease Agreement and begin paying rent on the date specified in this application for occupancy of the premises. Rental Agent reserves the right to make all appropriate deductions from the deposit to recover the Landlords damages and expenses as allowed to be applicable by Virginia law.

I/We declare all forgoing information is true and correct, and I/we hereby authorize you to conduct a credit check and an appropriate background check to verify information provided by applicant(s) for approval or rejection of this application.

My signature below authorizes all parties to release all information regarding this application and rental tenancy to Raines Property Management.

Raines Property Management reserves the right to reject any applicant based upon credit history, rental reference, and and/ criminal background.

SIGNATURE OF APPLICANT: _____ / /
DATE

SIGNATURE OF CO-APPLICANT: _____ / /
DATE

Raines Property Management, Inc

1007 N. Main Street. Blacksburg, VA 24060
Telephone (540) 951-0000 Fax (540) 953-0406
www.rainespropertymanagement.com

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**TOP SECTION TO BE COMPLETED BY RESIDENT.
BOTTOM SECTION TO BE COMPLETED BY CURRENT LANDLORD. IT IS THE RESIDENTS
RESPONSIBILITY TO TAKE THIS FORM TO THE CURRENT LANDLORD, AND TO INSURE IT IS
COMPLETED AND RETURNED TO RAINES PROPERTY MANAGEMENT.**

Raines Property Management address applied for _____

My Landlord is _____

Landlord's Address _____
Street # City State Zip

Landlord's Phone No. (____) _____

Landlord's Fax No. (____) _____

I hereby authorize the above named landlord to release all information regarding my tenancy at
_____ to Raines Property Management.

Signed _____ Date ____/____/____

Raines Property Management has received an application from _____ and your name
has been given as a rental reference. We would appreciate you answering the following questions to be returned to
us as quickly as possible.

- 1) How long has the applicant resided with you? _____
- 2) Does the applicant have a lease with you? _____
- 3) Was the lease completed? _____ If no, why not? _____
- 4) What was the monthly rent? _____
- 5) Did the rent include utilities? _____
- 6) Did the applicant pay rent on time? _____ If no, how many times late? _____
- 7) What was the household composition? _____
- 8) How much security deposit was returned? _____ How much were you holding?

- 9) Did the tenant have pets? _____
- 10) Do you have any documented complaints about the tenant?

Signature of Landlord or Agent _____ Date ____/____/____

Title _____ Print Name _____

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Guarantee of Payment

To be completed by a co-signer. Please print -cannot be processed without complete legible information

Date: ____/____/____ Unit: _____

In consideration of Raines Property Management Division leasing an apartment to _____
for a term of _____ months. I, _____ do hereby sign this document as a guarantor of
the timely performance of his/her responsibility under the lease term of which begins on or about ____/____/____
and all subsequent renewals and/or extensions.

Guarantor's Name: _____ Social Security No.: _____

Present Physical Address: _____
Street # City State Zip

Present Mailing Address: _____

Phone No.: (____) _____ Email Address: _____

Name of landlord or mortgage co.: _____

Address: _____
Street # City State Zip

Phone No.: (____) _____

Occupation: _____ Employer: _____

Employer's Address: _____
Street # City State Zip

Employer's Phone No.: (____) _____

How long employed? _____ Income: _____ (Mo. / Yr.)

Credit References: _____

Signature of Guarantor _____ Date signed ____/____/____

Notice to Guarantors

You are being asked to guarantee the debt for the above-described lease. If the tenant fails to pay the debt you will be responsible. You may have to pay in full the debt for all charges associated with the lease including damages, late charges and collection costs. The management company can collect this debt from you without first trying to collect from the lessee. The management company can use the same collection methods against you as the lessee. If the lease is ever in default, then it may become part of your credit record. The signature of this form also authorizes the management company to conduct a credit check to verify information or accept the guarantor.

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IF THE PROPERTY THAT YOU HAVE
APPLIED FOR HAS ETHERNET
PROVIDED BY NTC
COMMUNICATIONS, PLEASE ASK A
STAFF MEMBER FOR THE CONTACT
INFORMATION FORM. WE
APPRECIATE YOUR HELP IN
GATHERING THIS INFORMATION.

THANK YOU,
RAINES PROPERTY MANAGEMENT