

**RAINES PROPERTY MANAGEMENT, INC**

**RENTAL/CREDIT APPLICATION**

**OFFICE USE ONLY:**

Property Address applied for: \_\_\_\_\_  
Lease beginning date: \_\_\_\_\_ Monthly rent: \_\_\_\_\_

Application fee pd: \_\_\_ / \_\_\_ / \_\_\_  
Payment Method: \_\_\_\_\_  
Taken by: \_\_\_\_\_

**\*\* PLEASE NOTE: All information must be completed including the social security # and/or visa # or the application will not be accepted!**

**PERSONAL INFORMATION**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Social Security No.: \_\_\_\_\_ Visa #: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Drivers License from this State: \_\_\_\_\_

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: \_\_\_\_\_ Visa #: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Driver's License from this State: \_\_\_\_\_

Address: \_\_\_\_\_  
Street # City State Zip

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a: \_\_\_\_\_ student, \_\_\_\_\_ graduate student, \_\_\_\_\_ non student

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's 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](http://www.state.va.us/vsp/vsp.html).

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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 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](http://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 Current Landlord is \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Street # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Phone No. (\_\_\_\_) \_\_\_\_\_ Landlord's Fax No. (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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 and returning this form 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 is/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) Is anyone else on the lease agreement? \_\_\_\_\_ If yes, how many? \_\_\_\_\_
- 8) How much security deposit was returned? \_\_\_\_\_ how much are/were you holding? \_\_\_\_\_
- 9) Did/does the applicant have any pets? \_\_\_\_\_
- 10) Do you have any documented complaints about the applicant?  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Landlord or Agent \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title \_\_\_\_\_ Print Name \_\_\_\_\_

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## *Guarantee of Payment*

### Please print – we must have 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: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security No.: \_\_\_\_\_ Relationship to the applicant: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Driver's License is from this State: \_\_\_\_\_

Present Physical Address: \_\_\_\_\_  
Street # City State Zip

Present Mailing Address: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street # City State Zip

Employer's Phone No.: (\_\_\_\_) \_\_\_\_\_

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

Guarantor's Bank Name: \_\_\_\_\_ Primary Holder: \_\_\_\_\_

The bank branch I use is in \_\_\_\_\_ (city/town) \_\_\_\_\_ (county) \_\_\_\_\_ (state)

Account type: \_\_\_ checking \_\_\_ savings \_\_\_ money market \_\_\_ stocks/bonds \_\_\_ other

Signature of Guarantor \_\_\_\_\_ Date signed \_\_\_\_/\_\_\_\_/\_\_\_\_

### Notice to Guarantors

You are being asked to guarantee the debt for the above-described lease. If the resident 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.