Warrenton Office
Austin Realty Management & Investments, Inc.
10 Rock Pointe Lane Warrenton, VA 20186 (540) 347-1901



Gainesville Office

Austin Realty Management, LLC. 7250 Heritage Village Plaza Gainesville, VA 20155 (703) 753-1801

## APPLICATION FOR LEASE/CREDIT APPLICATION

(This is a legally binding contract. If not understood, seek competent advice before signing) The property will be shown and made available to all persons without regard to race, creed, color, religion, national origin, sex, familiar status, handicap, or elderliness in compliance will all applicable federal and state and local fair housing standards, laws, and regulations.

A 1: .:	1 . 1	1	Date				
Application is made to lease premises known as beginning on the day of			for the monthly rent of \$			for yea payable in advance on th	
day of each mo	onth. It is understood is contingent upon the	e property being	e to be used as a g vacated by the	family residence of present occupant.	All personal prope	e than persons; an rty placed in said premise otherwise indicated. TH	
PROPERTY	IS LEASED IN AS-	IS CONDITIO	N AND NO A	SSURANCES CO	NCERNING REI	PAIRS, ALTERATIONS UNLESS SPECIFIED II	
	THE LEASE AGRE					de herewith to be held b	
						ths rent, with the clea and acceptance. If thi	
						application is approved,	
						rees to execute a lease i hs rent will be forfeited t	
						ts commission, cost of re	
	refundable processing for					REDIT VERIFICATION  on.	
Applicants Nar	ne						
Applicants Ivai	(Last Name	e)	(First)	(Initial)	(Date of Birth)	(Social Security No.)	
Co-Applicant							
со-друпсан	(Last Name	e)	(First)	(Initial)	(Date of Birth)	(Social Security No.)	
Applicant's Pi	rimary Contact Numb	er					
Names of All Other	(Last Name)	(First)		(Initial)	(Date of Birth)	(Relationship)	
Occupants to	(======)	(= ====)		()	(= 3112 == = ==)	(	
Live in the Home	(Last Name)	(First)		(Initial)	(Date of Birth)	(Relationship)	
	(2000 1 (01110)	(1 1150)		(11111111)		(manusasanp)	
	(Last Name)	(First)		(Initial)	(Date of Birth)	(Relationship)	
	(Last Name)	(First)		(Initial)	(Date of Birth)	(Relationship)	
Present							
Address			(5.)		(2.)	722	
	(Street & number	<del>-</del> )	(City)	(State)	(Zip)	(How Long)	
Name of Landl	ord or Mortgage Co				Telephone_		
Rent or Mtg/m	onth	_ How long	Reaso	on for Moving			
Previous Address_							
Auui ess	(Street & n	umber)	(City)	(State)	(Zip)	(How Long)	
Name of Landl	ord or Mortgage Co				Telephone_		
Rent or Mtg/m	onth	How long	Reason	n for Moving			
Rusiness Name				NT EMPLOYMEN		ong	
Business Name							
AddressSale					r, week, month, or Year)		
. 03111011			REVIOUS EMI		, wook, month, of 1	. cui <u>/</u>	
Business Name					How Long		
Address			Supervi	sor	Phone#	()	
Position		Salary Per (hour.			, week, month, or Year)		

## CO-APPLICANT EMPLOYMENT

Business Name			How Long			
Address	Sı	upervisor	Phone#()			
Position	Salary	Per (hour,	, week, month, or year)			
OTHER INCOME \$Per	Source		Court Ordered?			
BANK REFERENCES:						
Bank Name		Checking or Savings	Balance \$			
Bank Name		Checking or Savings	Balance \$			
PETS Yes/NoNumber	Describe (type, bree	ed, weight, gender)				
Do You Own or Plan to Purchase a Water	erbed?D	Jo you own a very heavy ob	bject such as a Safe? (May be prohibited)			
AUTOMOBILES, CAMPERS, VANS,	, TRAILERS, TRUCI	KS, COMMERCIAL VEI	HICLES, ETC.			
Make Model			State License Number			
		Relationship	ipPhone #()			
IN CASE OF EMERGENCY NOTIFY			,			
Name		Relationship				
Address	ZipPhone # ()					
	ed for Bankruptcy?	·	Explanation			
			ord			
Is Applicant or Co-Applicant party to a L						
AGENCY: The undersigned Applicant(s	s) hereby acknowledge EMENT AND INVEST	e disclosure that in this reaTMENTS, INC. & AUSTI	IN REALTY MANAGEMENT, LLC., and			
subject parcel. You should exercise whatevergistered under Chapter 23(19.2-387et.seq	ver due diligence you d q.) of title 19.2 whether acting your local police	deem necessary with respect r the owner proceeds under s e department or the Departm	ers which may pertain to parcels adjacent to the et to information on any sexual offenders subdivision 1 or 2 of subsection a of 55-519. ment of State Police, central criminal records			
CERTIFY THAT THE ABOVE INFORM HEREBY AUTHORIZE THE PERSON O INVESTIGATIVE AGENCY EMPLOYE	MATION IS TRUE AN OR FIRM TO WHOM T ED BY SUCH PERSO	ND COMPLETE TO THE THIS APPLICATION IS MON, TO INVESTIGATE TO	GAL OR RESTRICTED PURPOSE(S) AND E BEST OF MY/OUR KNOWLEDGE. I/WE MADE, ANY CREDIT BUREAU OR OTHER THE REFERENCES HEREIN LISTED OR ERSON PERTAINING TO MY CREDIT AND			
APPLICANT	DATE	CO-APPLICANT	DATE			
PHONE		PHONE				
AGENT (Name, Phone, Firm, Address)						
	FOR OFF	FICE USE ONLY				
APPLICANT IS: Approved Disappro	oved By	Date Notifi	ňedBy			