



AssuredPropertyManagement

Assured Property Management  
943 Glenwood Station Lane, Suite 203  
Charlottesville, VA 22901  
(434) 529-6203

## Application to Lease



Property Address: \_\_\_\_\_  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Current Address: \_\_\_\_\_

City State Zip  
How Long at Current Address: \_\_\_\_\_ Rent/Own: \_\_\_\_\_  
Current Landlord: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Landlord Phone #: \_\_\_\_\_ How Long at This Address: \_\_\_\_\_  
Previous Address: \_\_\_\_\_

City State Zip  
Former Landlord: \_\_\_\_\_ Dates of Tenancy: \_\_\_\_\_  
Former Landlord Phone #: \_\_\_\_\_ Do You Own Real Estate? \_\_\_\_\_

If yes, where? \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ How Long Employed?: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Salary Amount: \_\_\_\_\_ Annual Monthly Weekly  
Additional Income Amount: \_\_\_\_\_  
Source of Income (Alimony, Child Support, or Other Source): \_\_\_\_\_

### CREDIT INFORMATION

Do you have any judgments? Y/N Have you ever filed for bankruptcy? Y/N  
Have you ever been sued or evicted for nonpayment of rent? Y/N  
Have you ever been subject to a foreclosure? Y/N  
If you answered yes to any of the above, explain in detail (include dates): \_\_\_\_\_

### BANKING INFORMATION

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address of Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (Not Living With You)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**List ALL Other Occupants:**

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DOB</u>

**CRIMINAL HISTORY:**

Has you ever been convicted of, pleaded guilty to, or entered a plea of no contest to any felony, or to any misdemeanor for a crime that involved harm to another person or property? ***If the answer is YES, please give all details including the specific offense(s), date(s), sentence(s), and jurisdiction(s) in which the offenses occurred, as well as any information on the status of any current probation.***

Yes

No

**APPLICATION FEE:**

Each applicant over the age of 18, must pay a \$30 application fee at the time of application. All application fees are non-refundable whether approved or denied. Agent reserves the right to remove the dwelling unit from the available rent list.

**MISCELLANEOUS TERMS:**

The owner of the premises you are applying for carries insurance on the dwelling only. You must acquire renters insurance for your household goods. Assured Property Management, the Agent/Property Manager, nor Owner of the property is responsible for damages to your personal property.

**APPLICANT INVESTIGATION:**

Applicant should exercise whatever due diligence they deem necessary with respect to information on any sex offenders registered under Chapter 23 (19.2-387 et seq.) of Title 19. Information regarding registered sex offenders may be obtained by contacting your local police department or Department of State Police, Central Records Exchange at (804) 674-2000 or [www.vsp.state.va.us](http://www.vsp.state.va.us).

Upon Applicant's request, Landlord will provide Applicant with a copy of the Lease Agreement for review.

**INFORMATION CORRECT:**

Applicant certifies the information provided in this application is true and accurate to the best of their knowledge. Owner and Agent have the Applicant's permission to obtain credit history and verify any information provided. If any Applicant withholds or gives false information, this application is considered void and the lease agreement may be terminated by the Owner.

I have read the terms and conditions of this application. I understand that this is a binding contract separate from the Lease Agreement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Office Use Only: \_\_\_\_\_

Application Received Date: \_\_\_\_\_

Copy of Photo ID: \_\_\_\_\_

Application Fee Received: \_\_\_\_\_