



Rental Application Checklist

- Completed, signed, Rental Application Form.
 - Application includes Social Security Number, current address & contact information as well as Landlord References with Landlord contact info.
 - Check for \$50, per applicant made payable to Buck and Associates (Married applicants are \$50.00 total).
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- If Application is delivered after business hours, place application, with check, in a sealed envelope with agents name and subject property address on outside of envelope. Deliver through mail slot at 2519 Wilson Blvd, Arlington Va. 22201.
 - Credit reports will be processed Monday through Friday during normal business hours.

Buck and Associates Inc
2519 Wilson Blvd
Arlington, Virginia 22201

www.buckrealtors.com

Fax: 703-528-2288

Office Phone: 703-528-2288



BUCK & ASSOCIATES, INC. REALTORS®

APPLICATION FOR LEASE



Applicant Name: _____ Date of Birth: _____ Phone: _____
 Social Security Number: _____ Driver's License Number: _____ State: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 E-mail address: _____
 Previous Address: _____ City: _____ State: _____ Zip: _____
 Landlord's Name: _____ Phone: _____ How Long: _____ Payment: _____
 Current Employer: _____ Address: _____ City: _____ State: _____
 Work Phone: _____ Position: _____ Supervisor: _____ How Long: _____
 Employment Income: _____ per _____ Other Income Source: _____ Amount: _____
 Previous Employer: _____ Address: _____ City: _____ State: _____
 Work Phone: _____ Position: _____ Supervisor: _____ How Long: _____

Co-Applicant Name: _____ Date of Birth: _____ Phone: _____
 Social Security Number: _____ Driver's License Number: _____ State: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Landlord's Name: _____ Phone: _____ How Long: _____ Payment: _____
 Current Employer: _____ Address: _____ City: _____ State: _____
 Work Phone: _____ Position: _____ Supervisor: _____ How Long: _____
 Employment Income: _____ per _____ Other Income Source: _____ Amount: _____
 Previous Employer: _____ Address: _____ City: _____ State: _____
 Work Phone: _____ Position: _____ Supervisor: _____ How Long: _____

Bank: _____ City: _____ How Long: _____ Type of Account(s): Checking Savings IRA
 How Many People Will Occupy This Property? Adults: _____ Children: _____ Ages: _____
 Marital Status: _____ Children's Names: _____
 Autos: Make/Model: _____ Year: _____ License Plate Number: _____ LienHolder: _____
 Make/Model: _____ Year: _____ License Plate Number: _____ LienHolder: _____

Emergency Contact: Name: _____ Relationship: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Applicant hereby authorizes verification of any and all information set forth in this application, including release of information by any bank of savings and loan, employer (present and former) and any lender. All such information hereon, and released as authorized above, will be kept confidential. APPLICANT REPRESENTS THAT THE INFORMATION SET FORTH IN THIS APPLICATION IS TRUE AND COMPLETE. Material misrepresentations on this application will constitute a default under the lease or rental agreement between the parties.
 CREDIT CHECK CHARGE – Applicant has submitted the sum of \$50.00 which is non-refundable payment for a credit check and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment or deposit amount. In the event this application is approved or disapproved, this sum will be retained by Management to cover the cost of processing the application as furnished by applicant. This application must be signed before it can be processed by Management.
 GOOD FAITH DEPOSITS – I hereby deposit \$_____ with Management as a good faith deposit in connection with this rental application. If any application is accepted, I understand this deposit can be applied toward payment of my security deposit of \$_____ when I take possession of the "rental." If for any reason Management decides to decline my application, Management will refund this good faith deposit to me in full within 30 days. If I refuse to occupy the premises on the agreed upon date, I understand this good faith deposit will be held until Management can determine if it has incurred any expenses or rental loss due to my cancellation. These costs will be deducted from this good faith deposit and the balance will be refunded to me.

Property Address: _____ City: _____ County: _____
 Terms of Lease: Months: _____ Proposed Move In Date: _____ Rental Amount: _____ per month
 Security Deposit Amount: _____ Pet Deposit Amount: _____

Applicant Signature Required _____ DATE _____ Co-Applicant Signature Required _____ DATE _____