

**CROSS REALTY**  
**RENTAL MANAGEMENT COMPANY**  
**APPLICATION FOR RESIDENTIAL RENTAL**  
**1707 N. Main St. Suffolk, VA 23434**  
**757-539-3060 (office) 757-934-0811 (fax)**



Application is hereby made to lease a residential unit from Cross Realty Rental Management Company, Inc. A deposit equal to a month's rent is required and more may be asked. The lease terms are to be for one year from the 1<sup>st</sup> of the month, unless otherwise stated.

**Circle One**

**Applicant      or      Co-Signer**

1. Applicant: Last name \_\_\_\_\_ First name \_\_\_\_\_ middle I \_\_\_\_\_  
 SS# \_\_\_\_\_ Email address: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Co-Applicant: Last \_\_\_\_\_ First \_\_\_\_\_ middle I \_\_\_\_\_  
 SS# \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Current Address: \_\_\_\_\_ city/state/zip \_\_\_\_\_  
 How long did you live there \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Do you have a lease \_\_\_\_\_ If yes, Expiration Date \_\_\_\_\_ Have you given notice \_\_\_\_\_  
 Current Landlord \_\_\_\_\_ Phone Number \_\_\_\_\_  
 What do you pay in rent now? \_\_\_\_\_
3. Have you ever been sued for rent, evicted for nonpayment of rent, or claimed bankruptcy \_\_\_\_\_  
 If yes, Explain and give dates \_\_\_\_\_ Do you have any judgments  
 against you? \_\_\_\_\_ If yes, Explain \_\_\_\_\_  
 Former address \_\_\_\_\_ city/state/zip \_\_\_\_\_ Former Landlord \_\_\_\_\_  
 Phone \_\_\_\_\_ Rent \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Do you own  
 any Real Estate \_\_\_\_\_ If so, where? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

APPLICANT	CO-APPLICANT
Occupation _____	Occupation _____
Employer _____	Employer _____
Address _____	Address _____
City/state/zip _____	City/state/zip _____
How long Employed _____	How long Employed _____
Supervisor _____	Supervisor _____
Phone _____	Phone _____
Salary \$ _____ wk/mo/yr	Salary\$ _____ wk/mo/yr
Additional Income \$ _____	Additional Income\$ _____
Source _____	Source _____

**IF MILITARY, COMPLETE THE FOLLOWING**

Duty Station _____	Duty Station _____
Rank/Rate _____	Rank/Rate _____
End Current Enlist _____	End Current Enlist _____
Commanding Officer _____	Commanding Officer _____
Phone _____ LES Y/N	Phone _____ LES Y/N
Home of Record _____	Home of Record _____

*Applicant need not disclose alimony, child support or separation maintenance income or its source, unless applicant wishes it to be for the purpose of this application for Tenancy.*

Total number of people to occupy unit \_\_\_\_\_ Age(s)/Relation to applicant \_\_\_\_\_

All tenants over the age of 18 years will sign the lease agreement.

Pets \_\_\_\_\_ Type \_\_\_\_\_ weight \_\_\_\_\_

**ALL PETS MUST BE VACCINATED IF ACCEPTED IN THE UNIT BY THE OWNER**

Vehicle Type \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Vehicle Type \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ city/state/zip \_\_\_\_\_

Do you carry Renter's Insurance? Y or N if so, who is it with \_\_\_\_\_

The owner of the unit carries insurance on the building only. Neither the Agent nor the Owner of the property is responsible for damage to your personal property. The Owner/Agent may require you to have and provide proof of Renter's Insurance.

**APPLICANTS STATEMENT:**

I/We certify that the foregoing information is true and accurate to the best of my/our knowledge. The Agent/Owner has my/our consent to investigate my/our credit report and verify employment, income, landlord and personal references and to collect a fee of \$20.00 per report, which is non-refundable. All questions must be answered in full and in the event applicant(s) withhold or give false information, this application which becomes part of the lease may be terminated by the Agent/Owner. Resident expressly authorizes Owner or Owner's agent (including a collection agency) to obtain Resident's consumer credit report and information from the internet, which Owner or Owner's agent may use if attempting to collect past due rent payments, late fees, or other charges from Resident, both during the term of the lease and thereafter. If application is approved, the applicant agrees to sign the normal lease agreement used for this property and agrees to put up the deposit before receiving keys and taking possession of the property. If applicant(s), after approval do not sign the lease, when presented to the applicant(s) any deposit paid by applicant(s) may be forfeited. The deposit must be received within 48 hours of approval of tenancy. Agent/Owner has the responsibility to offer equal service to all prospective tenants pursuant to local, state and federal fair housing laws. Properties shall be offered without respect to race, color, religion, sex handicap, familial status, national origin or elderliness. **YOU ARE HEREBY ADVISED THAT THE AGENCY/AGENT REPRESENTS THE LANDLORD/OWNER AND YOUR SIGNATURE BELOW ACKNOWLEDGES THAT THIS INFORMATION HAS BEEN DISCLOSED TO YOU.** A copy of this application will be given to you if requested or attached to your lease. Applicant understands that the Realtor works for the owner.

**LEAD HAZARD NOTICE:** Housing built before 1978 may contain lead-based paint and other lead hazards. Lead from paint, paint chips and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. There may or may not be lead based materials in the unit you may rent. You have the right to have the unit tested at your expense. **By signing below you have acknowledged that a lead hazard may be present in the unit that you rent.**

**MEGAN'S LAW,** State of Virginia: Prospective tenant(s) as Purchasers do should exercise whatever due diligence they deem necessary with respect to information on any sexual offenders registered under chapter 23 ( 19.2-387 et. Seg. ) 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, Central Criminal Records Exchange, at 1-804-674-2000.

**PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS, YOU MAY WANT TO SEEK LEGAL ADVICE.**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_