

**THERE IS A \$20.00 FEE PER ADULT FOR CREDIT CHECK AND PROCESSING.**



**CHOREY & ASSOCIATES REALTY, LTD.**

**330 West Constance Road**

**Suffolk, VA 23434**

**OFFICE (757) 539-7451**

**FAX (757) 539-0628**

**rentals@choreyrealty.net**



**APPLICATION FOR RENTAL**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SS# \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SS# \_\_\_\_\_

YOUR CELL PHONE # \_\_\_\_\_ SPOUSE'S CELL PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MAKE/MODEL/LICENSE PLATE # OF VEHICLES \_\_\_\_\_

PRESENT ADDRESS (Street Address) \_\_\_\_\_

(City, State & Zip) \_\_\_\_\_ HOW LONG \_\_\_\_\_

LANDLORD & HIS ADDRESS \_\_\_\_\_ HIS PHONE # \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

PREVIOUS ADDRESS (St., City, State & Zip) \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREVIOUS LANDLORD & HIS ADDRESS \_\_\_\_\_ HIS PHONE # \_\_\_\_\_

PRESENT RENT/MTG PM'T. PER MONTH \_\_\_\_\_ PREVIOUS PM'T. PER MONTH \_\_\_\_\_

NAME/ADDRESS OF EMPLOYER \_\_\_\_\_ HOW LONG \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ HOW LONG \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ HIS EMPLOYER'S # \_\_\_\_\_ HER EMPLOYER'S # \_\_\_\_\_

MONTHLY FAMILY NET INCOME \_\_\_\_\_ # OF OCCUPANTS IN HOUSEHOLD \_\_\_\_\_

# OF CHILDREN & AGES \_\_\_\_\_ PETS/TYPE \_\_\_\_\_ # OF SMOKERS \_\_\_\_\_

BANK REFERENCE (Checking) \_\_\_\_\_ (Savings) \_\_\_\_\_ Any Outstanding Judgments \_\_\_\_\_

EVER FILE BANKRUPTCY (if so, when?) \_\_\_\_\_ Ever Evicted or Asked to Move \_\_\_\_\_ Any Criminal Convictions \_\_\_\_\_

CREDIT REFERENCES (Example: loans, car payment, credit card, cell phone, etc.)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

PERSONAL REFERENCE (FAMILY AND/OR FRIENDS) Name, Address, & Phone Number

(1) \_\_\_\_\_

(2) \_\_\_\_\_

PERSONAL EMERGENCY (Who would we contact in case of emergency?) Name, Address & Phone Number

**DISCLOSURE STATEMENT:**

I/WE THE UNDERSIGNED DO UNDERSTAND THAT CHOREY & ASSOCIATES REALTY IS WORKING AND ACTING ON BEHALF OF THE LANDLORD AND THAT SAID LANDLORD IS PAYING THE REALTOR A HANDLING FEE FOR SERVICES THAT THE REALTOR PROVIDES INVOLVING THE HANDLING AND RENTING OF SAID PROPERTY.

DUE TO THE TERRORISM ACT, POSITIVE PROOF OF IDENTIFICATION IS REQUIRED FOR ALL APPLICANTS.  
ALL ADULTS STAYING AT THE PROPERTY ARE REQUIRED TO BE ON THE LEASE.  
ALL MINORS ARE REQUIRED TO BE LISTED ON THE LEASE.

I/WE UNDERSTAND THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED ON MY/OUR RENTAL HISTORY. THIS REPORT MAY INCLUDE, AMONG OTHER THINGS, INFORMATION AS TO MY/OUR CHARACTER, OR REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING WHICHEVER ARE APPLICABLE. FURTHER, I/WE UNDERSTAND THAT I HAVE A RIGHT TO REVIEW SAID REPORT IF SO REQUESTED IN WRITING THROUGH THE CREDIT REPORTING SYSTEM.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF SPOUSE \_\_\_\_\_ DATE \_\_\_\_\_

This application will be kept on file for 90 days and then it will be discarded.