

**Cavalier Land, Inc.**  
**Street Address: 234 W. Bute Street, Norfolk, VA 23510**  
**Mailing Address: P.O. Box 3175, Norfolk, VA 23514**  
**Office: (757) 625-3502 Fax: (757) 625-8235**  
[www.cavalierland.com](http://www.cavalierland.com) E-Mail: info@cavalierland.com

A NONREFUNDABLE application fee of \$30.00 is payable when application is made and applicant authorizes the verification of the below information and a consumer credit report(s).

At the time a lease is signed, you will be required to sign a LEAD PAINT DISCLOSURE FORM and will be given a pamphlet "Protect Your Family From Lead in Your Home". If the property you are applying for was built before 1978, we suggest that you assume that lead-based paint is present and practice all of the protective measures described in the pamphlet. You may review the disclosure form and pamphlet before completing this application.

WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW

Date Completed \_\_\_\_\_ Desired Occupancy Date \_\_\_\_\_

Address Applying For \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Current Owner/Manager \_\_\_\_\_ Phone \_\_\_\_\_

Occupancy Dates \_\_\_\_\_ Rental Amount \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Previous Owner/Manager \_\_\_\_\_ Phone \_\_\_\_\_

Occupancy Dates \_\_\_\_\_ Rental Amount \_\_\_\_\_

Name, Relationship, and age of each person who **will** live with you: \_\_\_\_\_

Do you have pets? \_\_\_\_\_ What kind? \_\_\_\_\_ How many? \_\_\_\_\_

Do you have a waterbed? \_\_\_\_\_ Renter's Insurance? \_\_\_\_\_ If yes, which company? \_\_\_\_\_

Present Employer \_\_\_\_\_ Position \_\_\_\_\_

Start Date \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Salary or wage \$ \_\_\_\_\_ per (year,month,week,hour) Full-or Part-Time \_\_\_\_\_

Total monthly gross employment income (before taxes) \_\_\_\_\_

Other monthly income \$ \_\_\_\_\_ Source \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_

Start & End Date \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Salary or wage \$ \_\_\_\_\_ per (year,month,week,hour) Full-or Part-Time \_\_\_\_\_

Total monthly gross employment income (before taxes) \_\_\_\_\_

Your bank \_\_\_\_\_ Type of Account \_\_\_\_\_

Have you filed bankruptcy? \_\_\_\_\_ Have you ever been evicted? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain on a separate page.

Vehicle(s) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate# \_\_\_\_\_

Nearest Relative for Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Local or Personal Reference \_\_\_\_\_ Phone \_\_\_\_\_

**ALL DEPOSITS AND MOVE-IN RENTS MUST BE PAID BY MONEY ORDER OR CERTIFIED CHECK.** This application will either be approved or disapproved, the applicant hereby waiving any claim for damages by reason of non-acceptance of the application, which Cavalier Land, Inc. may disapprove without stating any reason.

Cavalier Land, Inc. represents the property owner as managing agent. **THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED BELOW.**

This application is made subject to Lessor's approval and may, without designating cause, be disapproved by Lessor, it being agreed that any such disapproval shall not be considered a reflection upon the applicant. Information provided by applicant will be verified and approval is subject to satisfactory employment, landlord references and a satisfactory Retail Merchant's credit report or other credit references. If approved it is to be construed as a part of the lease entered into between the Lessor and Lessee. Applicant represents that the information contained herein is accurate and correct to the best of his knowledge. Misinformation set forth herein shall constitute a breach of lease agreement to be executed, in which even the Lessor shall have the right at its option, to forthwith cancel the Lease, repossess the leased premises and to the extent that it has suffered damages, consider the deposit hereunder or the security deposit posted upon execution of the lease forfeited. In consideration of the Lessor's holding this apartment for the applicant, the applicant hereby waives all rights to the return of this deposit and forfeits it as liquidated damages in the event the applicant does not choose to enter into the Lease applied for herein.

### **Policy and Procedures for Leases**

The lease you will be asked to sign prohibits pets without prior approval of the Lessor. If a pet is permitted, you must sign a pet agreement and pay a "one time" charge in the amount of (\$100.00/dog--\$60.00/cat) to do so. In addition to not being vicious or objectionable, any pet permitted must be small when fully grown, not weighing more than 25 pounds.

If you now have a pet, or acquire one during the term of your lease, you acknowledge receipt of this notice and agree that failure to comply with the requirements of it shall be cause, at the Landlord's option, for termination of the lease on five day's notice, vacating the apartment and forfeiture of any and all deposits posted.

PLEASE READ THE FOLLOWING CAREFULLY. Contained herein are important considerations regarding the terms and conditions of our standard lease agreements. Please sign at the bottom to acknowledge that you have read and understand the contents. If we enter into a lease, this form and the application form will be attached and made a part of the lease.

Pursuant to Paragraph 4 of our form lease, you will receive a letter from us that states we have inspected the premises and except as may be noted, there were no deficiencies or items of disrepair at the beginning of the lease. Normal wear and tear from age or use is expected in our initial inspection and at the time you vacate the premises. You have five days in which to respond to this letter, noting any exception you may have. If you are concerned about the condition of the premises, or about what will be considered normal wear and tear, please note the items that concern you and mail a copy to us.

#### **Giving Notice to Vacate**

When you wish to terminate the lease you must give proper notice. Proper notice is always due on a calendar month basis, so it must be received no later than the last day of the month due. Examples are:

1. For a monthly lease expiring Sept. 30 with a 30-day provision, the notice must be received before Sept. 1.
2. For a yearly lease expiring Dec. 31 with a 60-day provision, the notice must be received before Nov. 1.

The State of Virginia requires that disposition of the security deposit be made within 45 days after vacating the premises.

The apartment will be inspected after you vacate. You have the right to be present for the inspection and we recommend that you make such arrangements. What will be inspected includes, but not necessarily limited to the following:

- A. Stove and fridge must be clean inside and out, and freezer completely defrosted and dry.
- B. Cabinets, drawers and closets empty, dust-free and clean.
- C. Bathroom tile and fixtures mildew free and clean.
- D. Floors--either wood, vinyl or carpeted--must be clean and free of damage or stains, damage to floors from spike heel shoes, furniture moving, etc. except as noted when the lease term began and excepting normal wear and tear.
- E. Cracked and Broken windows, complete set of undamaged screens, locks not working, keys missing, doors damaged, missing knobs and handles on cabinets and appliances
- F. Walls, windowsills, baseboards and wood trim must be free of nails, screws, holes, dust and dirt. Any holes in walls and trim should be filled in a workmanlike manner, and woodwork and trim should be washed with soap and water.
- G. All door keys, parking passes or control cards must be returned to Landlord or Agent.
- H. Smoke detectors must be intact and operating.
- I. No vehicles of any kind may be parked on the lawn around the property to facilitate moving out or for any other reason. Violations are subject to a minimum of \$100.00 penalty deducted from the security deposit and any additional damages over that amount.

The Special Provisions include on all leases are:

1. Application and Policy and Procedures terms are attached and made part of the lease.
2. Only the approved applicants may occupy the premises unless prior and written permission is obtained from Landlord for an additional or substitute occupants.
3. No painting or other decorating, or installation of wall-to-wall carpeting is permitted without prior written permission Landlord.
4. Tenant agrees to replace battery, if applicable, in smoke detector as often as is required to keep same operable at all times. Tenant agrees to inform Landlord immediately if said smoke detector should require repair or replacement.

#### **Agency Disclosure**

Cavalier Land, Inc. is a Virginia Licensed Real Estate Brokerage. In the leasing transaction for which this application is a part of; and subsequent management related transaction, Cavalier Land, Inc. represents the interest of the owner of the property, but is required to treat both parties fairly and according to the current statutes. Each property has a distinct owner(ship) and the lease will include the name of the owner(ship). The lease will be executed on behalf of the owner by a duly authorized agent of Cavalier Land, Inc. The principal(s) of Cavalier Land, Inc., but not the corporation, are owner-agent of certain of the properties leased and managed by Cavalier Land, Inc.

**Renter's Insurance:** Renter's insurance is recommended. The Landlord's insurance does not provide coverage for personal belongings of residents in any event (i.e. fire, flood, theft, etc.). The Landlord's insurance does not provide liability coverage for the acts or omissions of residents and their guests or invitees. Neither Landlord nor Agent shall be liable for any injury or damage to person or property from any cause unless such damage shall be adjudicated to be a deliberate or negligent act on their part. Tenant shall indemnify and hold harmless Landlord and Agent from all claims and shall protect his persons and contents on Premises by insurance, copy to be provided upon demand.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS FORM.**

Signature

Date

Prospective tenants are hereby informed that they should "exercise due diligence they deem necessary with respect to information on any sexual offenders registered under Chapter 23 (§19.2-387 et seq.) of Title 19.2, including how to obtain such information." The web site address is [www.vsp.state.va.us/vsp.html](http://www.vsp.state.va.us/vsp.html)

# Employment Verification Sheet

## Applicant: Please sign and date below:

This will authorize my employer to release the following information regarding my employment.

Name of applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## To be completed by employer:

Please complete the following information to verify the above listed person's employment and fax this form back to our office at (757) 625-8235. Thank you!

Dates of Employment: \_\_\_\_\_ through \_\_\_\_\_

Salary is \$ \_\_\_\_\_ per (year, month, week)

### **Or, if hourly:**

Hourly rate of pay is \$ \_\_\_\_\_ per hour and is currently a

Full-Time or Part-Time Employee. If Part-Time, please list average weekly  
hours \_\_\_\_\_  
(please circle one)

\_\_\_\_\_  
Employer's signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Employer's printed name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title/Department

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

\_\_\_\_\_  
Extension

# Rental Verification Form

Please check appropriate residential housing box below and then sign below:

I rent or have previously rented                       I own                       other

**Applicant (Please complete):**

Applicant's Name: \_\_\_\_\_

Current Landlord's Name: \_\_\_\_\_  
& Phone #: \_\_\_\_\_

Current Rental Address: \_\_\_\_\_  
\_\_\_\_\_

Previous Landlord's Name: \_\_\_\_\_  
& Phone #: \_\_\_\_\_

Previous Rental Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize release of the information requested below for my rental address(es)

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

**Landlord (Please complete):**

The individual signed above has submitted an application. Please complete the following questions and fax this form back to our office at (757) 625-8235. Thank you!

Dates of tenancy: \_\_\_\_\_ through \_\_\_\_\_

Rent amount \$ \_\_\_\_\_ Number of tenants on lease \_\_\_\_\_

Has rent been paid in a timely manner? \_\_\_\_\_

# of Late payments \_\_\_\_\_ # of NSF's \_\_\_\_\_ # of warrants \_\_\_\_\_

Was proper termination notice given? \_\_\_\_\_ Was this tenant evicted? \_\_\_\_\_

Did tenant have a pet? If so, what kind? \_\_\_\_\_

Would you rent to this person again? \_\_\_\_\_

\_\_\_\_\_  
Landlord's Signature                      Date