

Priority Property Management LLC (PPM) - A full-service rental management firm serving the valley since 2011 as a sister company of Kline May Realty.
 We value building relationships on trust, communication, and mutual respect.

## **GENERAL REQUIREMENTS & APPLICATION PROCESS**

If you have any reason for concern about the Rental Criteria & Lease Qualifications, view our full screening requirements at <u>http://www.choosepriority.com/rental-application-process.html</u>. Then read below to make sure you prepare all necessary documentation and payment.

- 1. Each resident 18 & older is required to apply as applicant (or co-applicant) and provide all requirements listed below:
  - a. Application Fee: \$45 per Applicant. *Payment Accepted: Money Order, Cashier's Check, Debit/Credit Card. NO cash or personal checks accepted. Fees are used to obtain consumer credit and criminal reports, as well as for additional background screening. Application fees are not refundable.*
  - b. Scan, fax, or clear photo of last 2 months pay stubs/bank statements/latest tax return/Etc. Include proof of any and all sources of available income used to pay rent.
  - c. Scan or clear photo of driver's license or any government issue ID with address.
  - d. Scan orclear recent picture of owner with pet(s) (if applicable)
  - e. Fax, scanor photo of Signed Landlord Reference Request Form. *Please notify listed reference to expect contact from the PPM screening team.*

## 2. How do I apply and provide documentation/fees?

- a. You are encouraged to apply on-line here: http://www.choosepriority.com/rentals.html
- b. Attach photos or scans to Email: applications@choosepriority.com
- c. Priority Property Management LLC, 737 E. Market Street, Harrisonburg, VA 22801
- d. Fax: (540) 908-3633

## 3. Everything submitted?

- a. Application processing *willonly* begin upon receipt of application fees.
- b. Upon receipt of application documents and fees, PPM LLC will commence verifying and screening:
  (1) Credit Report; (2) Eviction History; (3) Household Income; (4) Previous Landlords and Addresses;
  & (5) Criminal Background.
- c. Expect up to the end of the 2<sup>nd</sup> full business day for completion of application processing.
- d. If we are unable to receive the necessary third party verifications, our screening team will complete processing with that information as unverifiable.
- e. PPM LLC reserves the right to move forward with other applicants during your application processing period if they are approved. PPM LLC is unable to hold properties without management approval and submitted deposit.

### 4. What next?

- a. Lease documents and instructions will be emailed to chosen applicant forreview.
- b. Standard signed rental agreements and security deposits must be received within two (2) business days from when agent notifies applicant of approval. You may notify agent if any extenuating circumstances exist. Applicant may return signed forms by email/fax if desired, but initial deposits have to be physically submitted.



Applications@ChoosePriority.com or 540-578-4974

Leasing Office Hours

Office Lobby open by scheduled appointment only.

# **Tenant Application Form**

#### APPLICATION INSTRUCTIONS - PLEASE REVIEW BEFORE SUBMITTING.

For any questions on process or procedure, review the <u>Rental Criteria and Lease Qualifications</u> along with FAQs found on the <u>Rental Application Process</u> page. Applicants are encouraged to apply online. Applications may also be submitted by fax, email, mail, or placed in the Rent Drop slot in our office entrance. Our lobby is only open by scheduled appointment.

#### What Will You Screen?

Upon receipt of application documents and fees, PPM LLC will commence screening the following (1) Credit Report; (2) Eviction History; (3) Household Income; (4) Prior Residence History and References; and (5) Criminal Background.

#### Who needs to Apply and What is Necessary?

Each resident 18 & older is required to apply as applicant (or co-applicant) and provide all information and documentation listed here. Please review and prepare the requirements before applying. Copies, Scans or Photos are sufficient for most documents.

- Application Fee: \$45/applicant (includes \$3 credit card processing fee). Total fees and checkout options will be listed on next pages. Application fee is non-refundable. Payment options: Credit/Debit Card/Money Order. (No Cash or Personal Checks accepted).

- Last 2 months of pay stubs for all household income considered. Other income verification may be accepted including bank statements, tax return, offer letter, SSI letter, etc. - Driver's License or other governmental ID with address.

- Tenant(s) signed Landlord Reference Request release form. (Please notify listed references to expect contact from PPM LLC.)

- Recent photo of pet owner with pet(s), if applicable.

#### **Everything Submitted?**

Submit all necessary documentation to applications@choosepriority.com or fax to (540) 908-3633. Not all fields may apply, but NOTE that certain fields are required! If landlord info is not applicable, please enter contact info into designated fields for residence verification and/or set your rental price as \$2.00.

Our screening team will contact applicant(s) ASAP (but within business hours) to confirm receipt. If PPM LLC has not received all applicable documentation by end of the second full business day after submission, screeners will close out the application and make a determination based upon received information. PPM LLC reserves the right to move forward with other applicants during your application processing period if they have submitted all the requested documents and are approved. PPM LLC is unable to hold properties without management approval and submitted deposit.

#### When and Will I Be Notified?

Applicant(s) will be notified ASAP after the 2nd business day about approval or denial. Lease documents and instructions will be emailed if applicant is approved and an appointment is scheduled for completion. Adverse Action Letter will be sent to any denied applicants. Signed rental agreements and security deposits must be received within the designated time period from when agent notifies applicant of approval, unless conditions allow for an exception. Please contact the Agent if you still have questions.

No Property selected...

Application Service Fee: \$ 3.00

Application Fee: For Applicant/Co-applicant: \$ 42.00 For Other: \$ 42.00 For Guarantor: \$ 42.00

\* Required Fields



Income

| First Name *         | SSN/SIN *  |  |
|----------------------|--|--|
| Full Middle Name *   | Date of Birth *  |  |
| Last Name *          | Home Phone *   |  |
|                      | Mobile Phone   |  |
| Suffix               | Email *  |  |
| Maiden Name          |  |  |
| Driver License #     | Do you or any of the other<br>prospective tenant(s) smoke? * |  |
| Driver License State | If YES, Where do they smoke? *                               |  |

| Current Residence        |                          |  |  |
|--------------------------|--------------------------|--|--|
| Current Address *        | Prior Residence          |  |  |
| Address Cont.            | Prior Address *          |  |  |
| City *                   | Address Cont.            |  |  |
| State / Province *       | City *                   |  |  |
| Zip / Postal Code *      | State / Province *       |  |  |
| County                   | Zip / Postal Code *      |  |  |
| Country *                | County                   |  |  |
| Rent or Own? *           | Country *                |  |  |
| Landlord/Manager Name *  | Rent or Own? *           |  |  |
| Landlord/Manager Email * | Landlord/Manager Name *  |  |  |
| Landlord/Manager Phone * | Landlord/Manager Email * |  |  |
| Rent Amount *            | Landlord/Manager Phone * |  |  |
| Rent Period *            | Rent Amount *            |  |  |
| At this address since? * | Rent Period *            |  |  |
|                          | Move In Date *           |  |  |

Move Out Date \*

Monthly **Contact For** Employment Employment Occupation \* Source \* Phone Number \* Gross Verification \* Start Date \* End Date Income \* Animals Name \* Type \* Breed \* Color \* Weight \* Age \* Gender \* Neutered? \* Yes No Declawed? \* Yes No Rabies shot current? \* Yes No Assistance Animal? \* Yes No Where is this pet kept? \*



| venicles                         |  |
|----------------------------------|--|
| Type *                           | Make *   |
| Model *                          | Color *  |
| Year *                           | License Plate Number *                                       |
| State Registered *               |  |
| Background                       |  |
| Reference #1                     | Reference #1   |
| Name                             | Phone "C   |
| Reference #2<br>Name             | Reference #2<br>Phone  |
| CoApplicant Personal Information |  |
|                                  |  |
| First Name *                     | SSN/SIN *  |
| Full Middle Name *               | Date of Birth *  |
| Last Name *                      | Home Phone *   |
| Suffix                           | Mobile Phone   |
| Maiden Name                      | Email *  |
| Driver License #                 | Do you or any of the other<br>prospective tenant(s) smoke? * |
| Driver License State             | If YES, Where do they smoke? *                               |
|                                  |  |
| Current Residence                |  |
| Current Address *                | Prior Residence  |
| Address Cont.                    | Prior Address *  |
| City *                           | Address Cont.  |
| State / Province *               | City *   |
| Zip / Postal Code *              | State / Province *   |
| County                           | Zip / Postal Code *  |
| Country *                        | County   |
| Rent or Own? *                   | Country *  |
| Landlord/Manager Name *          | Rent or Own? *   |
| Landlord/Manager Email *         | Landlord/Manager Name *                                      |
| Landlord/Manager Phone *         | Landlord/Manager Email *                                     |
| Rent Amount *                    | Landlord/Manager Phone *                                     |
| Rent Period *                    | Rent Amount *  |
| At this address since? *         | Rent Period *  |
|                                  | Move In Date *   |
|                                  | Move Out Date *  |



.....

| Income               |              |        |                               |                        |                       |                              |         |                            |                        |
|----------------------|--------------|--------|-------------------------------|------------------------|-----------------------|------------------------------|---------|----------------------------|------------------------|
| Source *             | Occupatio    | n *    | Contact For<br>Verification * |                        | Phone Number *        | Monthly<br>Gross<br>Income * |         | Employment<br>Start Date * | Employment<br>End Date |
|                      |              |        |                               |                        |                       |                              |         |                            |                        |
| Animals              |              |        |                               |                        |                       |                              |         |                            |                        |
|                      | Name *       |        |                               |                        |                       | Type *                       |         |                            |                        |
|                      | Breed *      |        |                               |                        |                       | Color *                      |         |                            |                        |
|                      | Weight *     |        |                               | Age *                  |                       |                              |         |                            |                        |
|                      | Gender *     |        |                               |                        | Neutered? *           | ΠY                           | es 🔲 No |                            |                        |
|                      | Declawed? *  | Yes No |                               |                        | Rabies sl             | not current? *               | ΠY      | es 🔲 No                    |                        |
| Assistan             | ce Animal? * | Yes No |                               |                        | Where is th           | is pet kept? *               |         |                            |                        |
| Vehicles             |              |        |                               |                        |                       |                              |         |                            |                        |
| Туре *               |              |        |                               |                        |                       | Make *                       |         |                            |                        |
|                      | Model *      |        | Cr                            |                        | Color *               |                              |         |                            |                        |
| Year *               |              |        |                               | License Plate Number * |                       |                              |         |                            |                        |
| State Registered *   |              |        |                               |                        |                       |                              |         |                            |                        |
| Background           |              |        |                               |                        |                       |                              |         |                            |                        |
| -                    |              |        |                               |                        |                       |                              |         |                            |                        |
| Reference #1         |              |        |                               |                        | Reference #1          |                              |         |                            |                        |
| Name                 |              |        |                               |                        | Phone                 |                              |         |                            |                        |
| Reference #2<br>Name |              |        |                               |                        | Reference #2<br>Phone |                              |         |                            |                        |
|                      |              |        |                               |                        |                       |                              |         |                            |                        |



| Guaranto | r Personal | Information |
|----------|------------|-------------|
|----------|------------|-------------|

| First Name *         | SSN/SIN *                      |  |
|----------------------|--------------------------------|--|
| Full Middle Name *   | Date of Birth *                |  |
| Last Name *          | Home Phone *                   |  |
| Suffix               | Mobile Phone                   |  |
|                      | Email *                        |  |
| Maiden Name          | Do you or any of the other     |  |
| Driver License #     | prospective tenant(s) smoke? * |  |
| Driver License State | If YES, Where do they smoke? * |  |

| Current Residence        |                          |  |  |
|--------------------------|--------------------------|--|--|
| Current Address *        | Prior Residence          |  |  |
| Address Cont.            | Prior Address *          |  |  |
| City *                   | Address Cont.            |  |  |
| State / Province *       | City *                   |  |  |
| Zip / Postal Code *      | State / Province *       |  |  |
| County                   | Zip / Postal Code *      |  |  |
| Country *                | County                   |  |  |
| Rent or Own? *           | Country *                |  |  |
| Landlord/Manager Name *  | Rent or Own? *           |  |  |
| Landlord/Manager Email * | Landlord/Manager Name *  |  |  |
| Landlord/Manager Phone * | Landlord/Manager Email * |  |  |
| Rent Amount *            | Landlord/Manager Phone * |  |  |
| Rent Period *            | Rent Amount *            |  |  |
| At this address since? * | Rent Period *            |  |  |
|                          | Move In Date *           |  |  |

Move Out Date \*

Income Monthly Employment End Date **Contact For** Employment Source \* Occupation \* Phone Number \* Gross Verification \* Start Date \* Income \* Background Reference #1 Reference #1 Name Phone Reference #2 Reference #2 Name Phone



#### Other Information

| Agent Referral            |     |  |
|---------------------------|-----|--|
| How did you hear about    |     |  |
| us?                       |     |  |
| Names of All Occupants    | [ ] |  |
| Under 18 *                |     |  |
| Total Number of           |     |  |
| Occupants *               |     |  |
| What specific address are |     |  |
| you applying for?         |     |  |
| Who do you designate to   |     |  |
| care for your pet in the  |     |  |
| event you cannot be       |     |  |
| reached? *                |     |  |
| Legal                     |     |  |
|                           |     |  |

I have read, agree and affirm that all of my statements and information provided in this application are true and complete. I acknowledge that false, undisclosed, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this state.

I understand that this application is preliminary only and does not bind you to execute a Lease or to deliver possession of the premises to me. I authorize you to contact any landlord contacts and references listed above and to obtain consumer reports, which may include credit, rental payment and/or eviction history and criminal background information about me and in order to verify the above information. I understand that as my prospective landlord, any co-applicants, occupants, or guarantors that may be added to this application may need to consent to and successfully pass consumer background screening reports.

By submitting this application the unrepresented party(ies) do hereby acknowledge disclosure that the licensee associated with Priority Property Management LLC represents only the Landlord in a real estate transaction.

By agreeing, I authorize you to obtain subsequent consumer reports, including credit reports, to ensure that I continue to satisfy the terms of my tenancy, for the collection and recovery of any financial obligations relating to my tenancy, or for any other permissible purpose. Further, if I have included information on co-applicants, other adult household members, and/or guarantors on this application, I affirm that those individuals have knowledge of their inclusion on this application and expressly authorize you to obtain subsequent consumer reports, including credit reports. I understand that you may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. I and all occupants or guarantors hereby release from all liability or responsibility all persons and corporations requesting or supplying such information.

\* By checking this box and clicking Next, I acknowledge that I have read and agree to all of the above terms and this <u>Arbitration Agreement and</u> <u>Class Action Waiver</u>.

Request copy of screening report

All Applicants, co-applicants and guarantors (if any) must sign below:

**Printed Name** 

Signature

Date

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Signature

Date

| Printed Name | Signature | Date |
|--------------|-----------|------|
| Printed Name | Signature | Date |





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## LANDLORD REFERENCE REQUEST FORM

| TENA         | NT'S AUTHORIZATION                     | PURSUANT TO VIRGINIA CO                              | DE 55-248.9:1      |   |  |  |
|--------------|--|--|--------------------|---|--|--|
|              |  |  |                    | y at ANY rental unit, and agree to hold       |  |  |
| harml        | ess anyone who so resp                 | onds in good faith. A copy/fax                       | of this authorizat | tion shall be accepted as if original.        |  |  |
|              |  |  |                    |   |  |  |
| Name         | of Applicant                           | Signature of App                                     | olicant            | Date  |  |  |
|              |  |  |                    |   |  |  |
| Name         | of Applicant                           | Signature of App                                     | olicant            | Date  |  |  |
| L<br>Hello N | lanagement/Landlord;                   |  |                    |   |  |  |
|              | -                                      | ave applied with PPM for a r                         | ental unit and ha  | ve authorized disclosure of information.      |  |  |
| We und       | lerstand you have prev                 | viously rented or are currentl                       | y) renting to the  | m at:   |  |  |
|              | function that fallowing in             | formation of analisable and                          |                    |   |  |  |
|              | -                                      | itormation as applicable and the tenants themselves. | return by fax, en  | nail, mail or in person. We cannot consider   |  |  |
|              | in valid if delivered by               | the tenants themselves.                              |                    |   |  |  |
| 1.           | When did the Tenant                    | rent from you? From                                  | То                 |   |  |  |
| 2.           |  |  |                    | tilities included?                            |  |  |
| 3.           | Rent was received mo                   | ore than 5 days latetime                             | s (Please indicate | e 0 or number of times)                       |  |  |
| 4.           | Any property damage                    | s or lease violations at any ti                      | me during tenand   | cy? <b>Yes No</b> If yes, for what reason(s)? |  |  |
| 5.           | Did/will the Tenant re                 | ceive the full security deposition                   | t refund? Yes N    | No N/A (Pending Move-Out)                     |  |  |
| 6.           | Have you ever receive                  | ed any complaints from neigh                         | bors of Tenant?    | Yes No If yes, what kind?                     |  |  |
| 7.           | Has Tenant completed                   | d the lease term? Yes No                             | Given official not | tice? Yes No                                  |  |  |
| 8.           | Was Tenant asked to                    | vacate by Landlord, Agent, o                         | r Court Order? Y   | <b>es No</b> If yes, for what reasons(s)?     |  |  |
| 9.           | Is Tenant current with                 | all lease payments and any                           | outstanding fees   | ? Yes No                                      |  |  |
| 10.          | Are you related to Ter                 | nant by family or marriage?                          | Yes No             |   |  |  |
| 11.          | Did/Does Tenant(s) ha                  | ave any pets? Yes No Ho                              | w many & what k    | kind/size?                                    |  |  |
| 12.          | Would you lease to Te                  | enant again? Yes No                                  |                    |   |  |  |
| 13.          | 13. Add any more comments or concerns: |  |                    |   |  |  |
|              |  |  |                    |   |  |  |
|              |  |  |                    |   |  |  |
|              |  |  |                    |   |  |  |
|              |  | Ciana al las   | Authorizad Mari    | agen Londland on Agent Despending             |  |  |
|              |  | Signed by  | Authorized Mah     | ager, Landlord, or Agent Responding           |  |  |
|              |  |  |                    |   |  |  |

**Print Name** 

Date