

**INFORMATION FOR MAKING A LEASE OFFER (OPTIONAL)**

*This form does not constitute a disclosure or offer and SHALL NOT become part of any VRLTA Lease. This information is provided for the sole purpose of assisting Cooperating agent(s) in preparing offers. Landlord makes no representations or warranties regarding the accuracy of the information contained in this Information Sheet.*

**LANDLORD'S INFORMATION**

Landlord's Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, and ZIP Code: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Landlord Property Manager: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Preferred Delivery:  Mailing Address OR  Fax OR  Email (check all that apply)  
Real Estate Licensed/Related Parties:  Landlord is  an active OR  inactive licensed real estate agent in  Virginia and/or  Other \_\_\_\_\_.  Listing Broker/Agent is related to Landlord.

**PROPERTY INFORMATION**

Street Address: \_\_\_\_\_  
Subdivision: \_\_\_\_\_, County/City: \_\_\_\_\_  
If a Condominium: Unit #: \_\_\_\_\_  
Parking Space(s) is:  Assigned: # \_\_\_\_\_ OR  Unassigned (# of spaces): \_\_\_\_\_  
Mailbox # (if applicable): \_\_\_\_\_ Storage Bin # (if applicable): \_\_\_\_\_  
Premises are subject to a:  Property Owners Association  Condominium Association  Cooperative Association Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Association Management Agent/Company: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Lead-Based Paint: Residential dwellings at Premises  were OR  were not constructed before 1978.

**OTHER INFORMATION**

Rent (payable in monthly installments): \_\_\_\_\_ Security Deposit: \_\_\_\_\_  
Landlord Preferred Lease Duration: \_\_\_\_\_ Preferred Move-in Date: \_\_\_\_\_  
 Landlord has a repair deductible: \_\_\_\_\_  
 Pet(s) Allowed. Pet fee: \_\_\_\_\_  
 Landlord has a restriction on number/size/type/breed of animal(s). If Tenant requires Assistance Animal, Landlord requests Request for Reasonable Accommodation Rule/Policy and Verification of Disability or comparable documentation of disability-related need.

**UTILITIES; MAJOR SYSTEMS** (Check all that apply)

Included in Rent? (Check Yes)  
Water Supply:  Public  Private Well  Community Well  Yes  
Sewage Disposal:  Public  Septic # BR: \_\_\_\_\_  Yes  
Type of Septic:  Community  Conventional  Alternative  Experimental  
Hot Water:  Oil  Gas  Electric  Other \_\_\_\_\_ Number of Gallons \_\_\_\_\_  Yes  
Air Conditioning:  Oil  Gas  Elec.  Heat Pump  Other \_\_\_\_\_  Zones \_\_\_\_\_  Yes

Heating:  Oil  Gas  Electric  Heat Pump  Other \_\_\_\_\_  Zones \_\_\_\_\_  Yes  
 Trash Removal/Recycling:  County/City  Private  Yes  
 Cable: \_\_\_\_\_  Yes  
 Internet: \_\_\_\_\_  Yes

Other: \_\_\_\_\_  
 Tenant will be responsible for payment of the following utilities and services:  water  sewer  gas  
 electricity  trash removal  lawn service  security system  other \_\_\_\_\_

Utility Companies/Name:  
 Electric: \_\_\_\_\_ Gas/Oil: \_\_\_\_\_  
 Water: \_\_\_\_\_ Trash: \_\_\_\_\_ Pick-up Day(s): \_\_\_\_\_

**LISTING BROKER INFORMATION**

Listing Brokerage's Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Brokerage Phone #: \_\_\_\_\_ Bright MLS Broker Code: \_\_\_\_\_  
 VA Firm License #: \_\_\_\_\_ Agent Name: \_\_\_\_\_  
 Agent Email: \_\_\_\_\_ Agent Phone #: \_\_\_\_\_  
 MLS Agent ID #: \_\_\_\_\_ VA Agent License #: \_\_\_\_\_  
 Team Name: \_\_\_\_\_ Team Business Entity License #: \_\_\_\_\_

**OTHER INFORMATION**

Other Landlord Preferences/Requests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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