

RENTAL APPLICATION

This Rental Application ("Application") is an offer to rent. The Lease is a legally binding contract.

It is unlawful to discriminate on the basis of race, color, religion, national origin, sex, elderliness, familial status, or handicap. It is also unlawful to discriminate against all classes protected by the laws of any applicable local jurisdictions and the REALTOR® Code of Ethics. This application will be processed in accordance with occupancy laws.

BROKERAGE DISCLOSURE

Applicants acknowledge by their initials that in this real estate leasing transaction Listing Broker, _____, represents Landlord and that Leasing Broker, **RE/MAX Executives**, represents ☐ Landlord **OR** ☒ Tenant. (If Broker is acting as a dual or designated representative, then the appropriate disclosure form is attached to and made a part of this Application).

Applicant(s) Initials _____ / _____

Leasing Agent must attach a business card.

Applicant(s) Identification Type & Expiration Date: Co-signer for Emily & Michael Coy
Co-signer Virginia Meikle **OFFER TO RENT**
Emily & Michael Coy ("Applicant 1") and 6737 Hunterswood Blvd, Springfield Va
("Applicant 2") offer to lease the property known as 022153
(the "Premises"), for _____ years/months beginning _____, for the monthly rent of
\$ _____ payable in advance on the first day of each month.

CONDITIONS

A NON-REFUNDABLE PROCESSING FEE OF \$ _____ per Applicant is included with this Application. Processing may take up to five (5) business days to complete. **AN EARNEST MONEY DEPOSIT** of \$ _____ (the "Deposit") is included and will be held by _____. If this Application is accepted and a lease is signed, the Deposit will be credited to amounts owed to Landlord. If this Application is not accepted, the Deposit will be returned to Applicant(s) less any additional documented processing charges. Funds held by an escrow agent will be deposited no later than five (5) business banking days after Application has been approved.

Occupancy is subject to possession being delivered by the present occupant. **The Premises are accepted "As-Is" unless otherwise noted below or by attachment.**

CONTACT INFORMATION:

APPLICANT 1

C: 703-298-2237

H: 703-644-1780

W: NA

Email: sharonmeikle@verizon.net

APPLICANT 2

C: _____

H: _____

W: _____

Email: _____

OFFICE USE ONLY

Application Received Date _____ Time _____

Application Reviewed By _____

Approved ☐ Rejected ☐ Withdrawn ☐ Applicant or Agent notified Date _____ Time _____

APPLICANTS AGREE AND UNDERSTAND THAT:

1. This Application, each occupant, and each pet are subject to acceptance and approval by Landlord.
2. Listing Broker is obligated to present all Applications to Landlord until a lease is signed.
3. Landlord and Listing Broker may rescind acceptance and resume marketing the Premises at any time until a lease is signed.
4. Proof of current income is required. For example:
 - a. Latest Pay Statements/Stubs
 - b. Last 2 years' Form W-2 for hourly or weekly pay persons
 - c. Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income
 - d. Copy of LES and orders for military
5. This Application consists of four (4) pages which must be completed in full. Incomplete or missing information will result in delay of a decision. Willful misrepresentation may be grounds for invalidating a lease.
6. A draft of the proposed lease may be reviewed through Listing Broker. If Landlord and Applicant(s) cannot agree on terms, the Deposit will be returned.
7. Applicant(s) must present valid photo identification or two (2) forms of ID before signing the lease.
8. Applicant(s) is responsible for obtaining property and liability insurance (Renter's Insurance) and assuming utility accounts where required before occupying the Premises.
9. Any move-in fees and utility deposits are the responsibility of Applicant(s).
10. Only those persons listed in Application are to live in the Premises.
11. The Premises are not to be used for business except with full knowledge and consent of Landlord and in conformity with all applicable laws and regulations.
12. Applicant(s) has no leasehold interest until a lease is signed.

I/we agree to the above conditions and authorize the firm processing this Application to verify any information contained herein and to perform any credit or investigative inquiries necessary to properly evaluate this Application, and any renewal. If any information is found to be false or misleading, the Application may be rejected.

Virginia S. Meikle 8/3/18
Applicant 1 Signature Date

Applicant 2 Signature Date

APPLICANT 1**APPLICANT 2**

VIRGINIA SHARON MEIKLE
Full Name

Full Name

04/17/1949 224-72-1855
Date of Birth SSN/TIN

Date of Birth SSN/TIN

6819 BRIAN MICHAEL COURT
Current Street Address

Current Street Address

SPRINGFIELD VA 22153
City State Zip

City State Zip

From: 12/18/2002 To: PRESENT \$ OWN
Dates of Occupancy Rent ☐ Mortgage ☐

From: _____ To: _____ \$ _____
Dates of Occupancy Rent ☐ Mortgage ☐

Landlord/Management/Mortgage Co. Name

Landlord/Management/Mortgage Co. Name

Phone # Email

Phone # Email

Reason for Moving

Reason for Moving

APPLICANT 1

Previous Street Address

City State Zip

From: To: \$
Dates of Occupancy Rent ☐ Mortgage ☐

Landlord/Management/Mortgage Co. Name

Phone # Email

Reason for Moving

EMPLOYMENT

1. US Federal Govt - Retired

Current Company Name

Washington DC From: 1968 To: 2009

Location Dates of Employment

GS-14 \$ 88,392.00 /year

Position/Rank Income

Supervisor Name Phone

2. Previous Company Name

From: To:
Location Dates of Employment

\$ /year

Position/Rank Income

Supervisor Name Phone

ADDITIONAL INCOME

NA \$ /year

Source Amount

APPLICANT 2

Previous Street Address

City State Zip

From: To: \$
Dates of Occupancy Rent ☐ Mortgage ☐

Landlord/Management/Mortgage Co. Name

Phone # Email

Reason for Moving

EMPLOYMENT

1. Current Company Name

From: To:
Location Dates of Employment

\$ /year

Position/Rank Income

Supervisor Name Phone

2. Previous Company Name

From: To:
Location Dates of Employment

\$ /year

Position/Rank Income

Supervisor Name Phone

ADDITIONAL INCOME

\$ /year

Source Amount

DEBTS (List major loans and/or credit card debt)

Type of Loan	Creditor	Balance	Monthly Payment
1. <u>AUTOMOBILE</u>	<u>CAPITAL ONE</u>	<u>\$17,471.63</u>	<u>716.99</u>
2. <u>STUDENT LOAN</u>	<u>NAVIENT</u>	<u>\$22,295.95</u>	<u>319.05</u>

ASSETS (Submit supporting documentation if necessary for qualification)

Type of Asset	Value
1. <u>HOME</u>	<u>\$400,000.00</u>
2. <u></u>	<u></u>

ADDITIONAL INFORMATION

Do you plan to bring a waterbed or large aquarium into the Premises?

☐ Yes☒ No

Do you intend to smoke or permit smoking in the Premises?

☐ Yes☒ No**PLEASE ANSWER**

	<u>Applicant 1</u>	<u>Applicant 2</u>	<u>Explanation*</u>
1. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. Have you ever been evicted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. Do you have any judgments?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. Have you had a foreclosure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. Are you party to a lawsuit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. Do you pay alimony or child support?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7. Are you a co-signer for a loan or another lease?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8. Have you ever had a rental application rejected?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9. Will you require a visual smoke detector?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10. Are you entitled to diplomatic immunity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
11. How would you rate your credit?	(GOOD/EXCELLENT 730)		_____

* Attach separate sheet if necessary.

Do you have any animals? LIABILITY COVERAGE IS REQUIRED FOR DOGS.

TYPE	BREED	AGE	WEIGHT	M/F	NEUTURED/DECLAWED
NA					/
					/
					/

Do you have any vehicles?

VEHICLE: TYPE, MAKE, MODEL	STATE	VEHICLE: TYPE, MAKE, MODEL	STATE
NA			

OTHER OCCUPANTS OF THE PREMISES

(Occupants over 18 must submit separate applications)

LAST NAME	FIRST NAME AND M.I.	M/F	D.O.B.	RELATIONSHIP
NA				

DESIGNATED CONTACTS (Someone who knows how to reach you) OR NEXT-OF-KIN

1. NA

Name _____ Relationship _____ Email _____

Telephone _____ Address _____ City _____ State _____ Zip _____

2. _____

Name _____ Relationship _____ Email _____

Telephone _____ Address _____ City _____ State _____ Zip _____



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Virginia

VA, USA

DRIVER'S LICENSE

Customer identifier
A62459119

Name
**MEIKLE
VIRGINIA, SHARON**

Address
**6819 BRIAN MICHAEL CT
SPRINGFIELD, VA 22153-1004**

Sex
F

Class
D

Date of birth
04/17/1949

Eyes
HAZ

Endorsements
NONE

Iss REN
03/28/2017

Height
5 FT 7 IN

Restrictions
NONE

Exp
04/17/2025

Organ Donor
DD 077922435



SHARON V. MEIKLE

