

APPLICATION FOR TENANCY

Applicant (Full Name) JEFFREY ZIMMER
Date of Birth 03/28/59 **Social Security Number** 555 37 5538
Present Address 11300 LAPHAM DR **City** DAKTON **State** VA **Zip Code** 22124
How Long at Present Address 6 YRS **Residence Ph. #** 703 620 2676 **Business Ph. #** _____
Monthly Rental Payment \$ 0 **Landlord** N/A **Phone** _____
Reason for Leaving Present Address OWNER DIED **Landlord Ph. #** _____
Previous Address 1300 RICE LN **City** ROSEVILLE **State** CA **Zip Code** 95677
Previous Landlord UNKNOWN **Phone #** _____
Marital Status: (☒ Married) (☐ Unmarried) (☐ Separated) **No. of Dependents** 0 **Ages** _____
Driver's License Number T62020185 **Issued by State of** VA
Employer (Business Name & Type) FCPS DRIVER SCHOOL BUS **No. of Years** 4
Supervisor MELISSA GRAVES **Monthly Income** 3200.00 **Ph. #** 571 423 3000
Previous Employer (Business Name and Address) 2TRANS (owner oper.) **No. of Years** 15
Additional Income & Source* SPARKLEWASH POWERWASHING (owner) 2000.00 mo

Co-Applicant (Full Name) NANCY ZIMMER
Date of Birth 05/10/59 **Social Security Number** 225789669
Present Address SAME AS ABOVE **City** _____ **State** _____ **Zip Code** _____
How Long at Present Address _____ **Residence Ph. #** _____ **Business Ph #** _____
Monthly Rental Payment \$ 0 **Landlord** _____ **Phone** _____
Reason for Leaving Present Address _____ **Landlord Ph. #** _____
Previous Address _____ **City** _____ **State** _____ **Zip Code** _____
Previous Landlord _____ **Phone #** _____
Marital Status: (☒ Married) (☐ Unmarried) (☐ Separated) **No. of Dependents** 0 **Ages** _____
Driver's License Number T60899964 **Issued by State of** VA
Employer (Business Name & Type) FCPS (DRIVER) **No. of Years** 1
Supervisor MELISSA GRAVES **Monthly Income \$** 2300.00 **Fax #** _____
Previous Employer (Business Name and Type) PHR HEALTHCARE SERVICES **No. of Years** 2
Additional Income & Source* HALLMARK MERCHANDISER 700.00 mo.

***NOTE:** Alimony, child support, or separate maintenance income need not be revealed if the Applicant or Co-applicant does not choose to have it considered as a basis for paying the rent obligation.

ASSETS:

Name and Branch Office Address of All Accounts	Account Number	Current Balance
APPLE FEDERAL CREDIT UNION	CHECKING	\$ 5400.00
" " "	SAVINGS	\$ 1700.00
VANGUARD	88129963723	\$ 2000.00
		\$

Automobiles, Boats, Motorcycles:

Type	Make	Year	License No
ACURA MDX	→	04	VVH 7958
TRUCK	GMC	09	VPN 5676

Other Assets (describe) SPOUSE TO INHERIT \$ 800,000.00 FROM FATHERS ESTATE SETTLEMENT 5-1-2019

LIABILITIES AND ESTABLISHED CREDIT:

List all current debts (if no credit accounts, give references of previous credit). List alimony or child support payments as a debt.

Name and Address of Creditor	Account Number	Monthly Payment	Months Remaining	Approx. Balance
WELLS FARGO	9280120588	\$ 305.00		\$ 10,000
APPLE F.C.U. VISA	-- 4669	\$ @50.00	—	\$ 1200.00
CAPITAL ONE	-- 5519	\$ @50.00	—	\$ 680.00
SYNCHRONY BANK	-- 3949	\$ 100.00		\$ 150.00

Do you have outstanding (unpaid) judgements? (☐) **Yes**-if yes, explain below (☒) **No**

In the last 7 years, have you been declared bankrupt? ☐ Yes-if yes, explain below ☒ No

Other Liabilities (describe)

The following individuals will occupy the property (include ages, if minors):

Do you have any pets? No How many? What kind?

Weight(s) _____

Do any occupants smoke? No

Have you or any individual identified above ever been convicted of a felony crime in any federal or state court?

☐ Yes ☒ No If yes, please attach specific information regarding such felony conviction, including the date of such conviction; the charge for which convicted; the sentence imposed, whether the sentence has been completed and, if the sentence has not been completed, specify the sentence requirements which remain to be completed.

IN CASE OF EMERGENCY please

notify LYNN WILLIAMS

Phone: _____ Cell 703 624 9158

Phone: _____

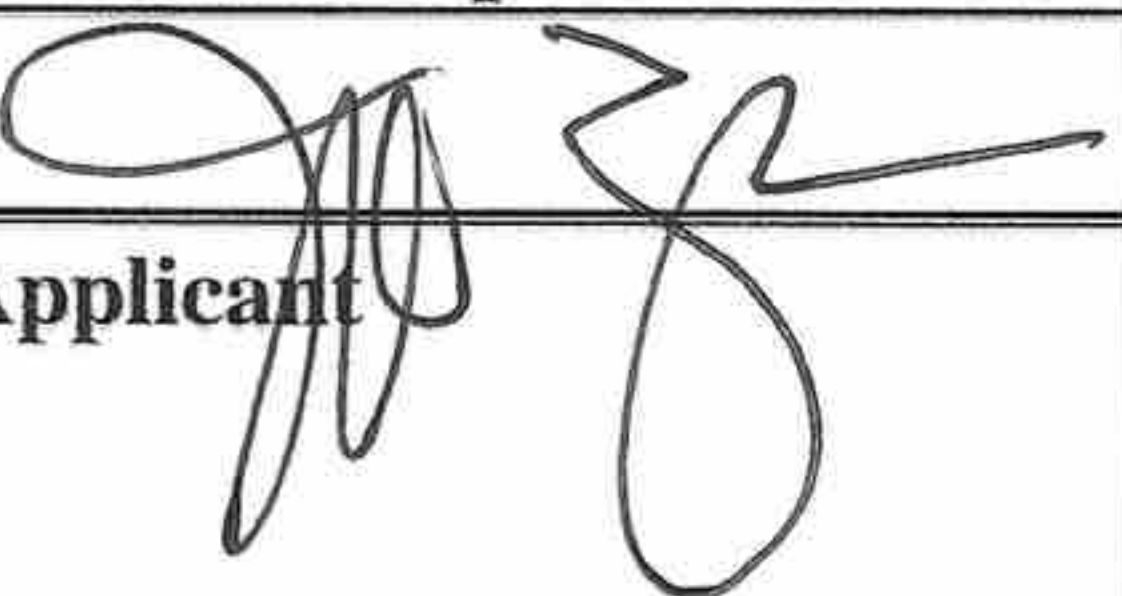
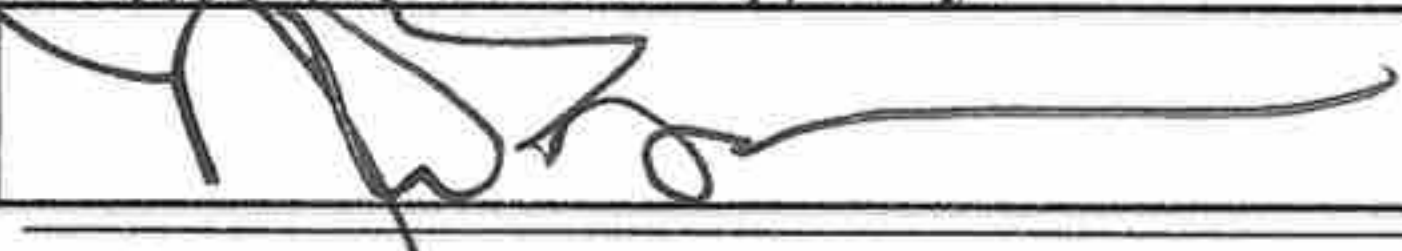
CONSUMER REPORT AUTHORIZATION:

I(we) authorize you to secure, from a consumer reporting agency, an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, verification of my residences, employment and income. I(we) authorize the consumer reporting agency. to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I(we) release all concerned from any liability in connection with any information they give. I(we) have also been advised that I(we) have the right, under the Federal Fair Credit Reporting Act (FCRA), Section 606 (B), to make a written request of the consumer reporting agency, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I(we) acknowledge that I (we) may obtain from a consumer reporting agency, the summary of consumer rights required by Section 609 of the FCRA, entitled: *A Summary of Your Rights Under the Fair Credit Reporting Act.*

A consumer report fee of \$25 (per name) is required with this application and is **not** refundable.

I(we) hereby affirm that my answers on this Application for Tenancy are true and correct and that I(we) have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. Any false information contained in this application, when discovered, shall be deemed cause for rejection of this application and immediate termination of any subsequent lease or rental agreement.

The above information is presented with the understanding that it may be used as a basis for the acceptance of a lease by the property owner or manager. I(we) certify that all information contained herein is true and correct and hereby authorize verification of same. I(we) hereby authorizes disclosure of the information contained herein to the property owner, manager or rental agency (if any), and the credit reporting bureau. I(we) hereby authorizes disclosure of the information contained in any consumer report obtained to the property owner, manager or rental agency.

	<div>02/04/2019</div>		<div>02/04/2019</div>
Applicant	Date	Co-applicant	Date

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Carroll County Association of REALTORS®, Inc. Howard County Association of REALTORS®, Inc.

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Employee Name:Jeffrey Zimmer

Employee Number:219527

Pay Period:Biweekly 17


Pay Date:02/15/2019

Pay Begin:01/19/2019

Pay End:02/01/2019

HOURS AND EARNINGS				PRE-TAX DEDUCTIONS			LEAVE BALANCES AS OF 02/01/2019	
DESCRIPTION	HOURS	CURRENT AMOUNT	YTD AMOUNT	DESCRIPTION	CURRENT AMOUNT	YTD AMOUNT	Sick Lv	115.7900
Reg Pay	43.50	952.98	3,883.10	BCADVEE	53.81	215.24	TAX STATUS	
Pd NonWk			701.04	DentPPOE	8.85	35.40		
Overbase	4.00	87.63	87.63					
Callback	4.00	131.46	197.18					
Admin Lv	16.00	350.52	525.78					
Pers Lv			175.26					
Sick Lv			54.77					
Temp Pay			120.49					
TAXABLE INCOME ADDED				TAX DEFERRED & POST-TAX DEDUCTIONS			St Status	
DESCRIPTION		CURRENT AMOUNT	YTD AMOUNT	DESCRIPTION	CURRENT AMOUNT	YTD AMOUNT	St Marital	M
				LT Dis	5.43	21.72	Fed Exemptions	2
				FC Ret-D	74.15	289.30	Fed Addt'l	
TAX DEDUCTIONS							St Status	n/a
DESCRIPTION	TAXABLE EARNINGS	CURRENT AMOUNT	YTD AMOUNT				St Marital	VA
FICA-O	1,459.93	90.52	340.67				State	
FICA-M	1,459.93	21.17	79.67				County/City	
Tax-Fed	1,385.78	60.89	217.78				St Exemptions	2
StTax-VA	1,385.78	59.03	211.56				St Addt'l	
							SUMMER FUND DEDUCTION	
							Current Amount	
							Summer Balance	
							DIRECT DEPOSIT DISTRIBUTIONS	
							Description	Optional/Flat
							Bank ID	--
							Acct ID	--
							Amount	--
							Description	Apple FCU
							Bank ID	--
							Acct ID	--
							Amount	--
							Description	Net Deposit
							Bank ID	256078514
							Acct ID	XXXXXX0007
							Amount	1,148.74
TOTALS								
		GROSS PAY	NET PAY (INCLUDES ACH'S)					
CURRENT		1,522.59	1,148.74					
YTD		5,745.25						
MESSAGE	Information on understanding your W2 is available online. Please check out our web pages at: https://www.fcps.edu/node/31204 Questions? Email us at payroll.help@fcps.edu							
				Q? Call your payroll representative at: Your Last Name A-Gi 571-423-3518 Your Last Name Gj-Ok 571-423-3517 Your Last Name OL-Z 571-423-3516				

STATEMENT OF EARNINGS



COUNTY OF FAIRFAX
FAIRFAX, VIRGINIA
SCHOOL PAYROLL ACCOUNT

DEPOSIT: One thousand one hundred forty eight and 74/100 Dollars

TO THE ACCOUNT OF: Jeffrey Zimmer
11300 Lapham Drive
Oakton, VA 22124

THIS IS NOT A CHECK

Bank of America



FAIRFAX COUNTY PUBLIC SCHOOLS
DEPT. OF FINANCIAL SERVICES/PAYROLL MANAGEMENT
8115 GATEHOUSE ROAD
FALLS CHURCH, VA 22042

ADVICE
39315508

PAY DATE
02/15/2019

AMOUNT

*****VOID*****

NON-NEGOTIABLE

Employee Name: Nancy W. Zimmer				Pay Period Biweekly 17		Pay Begin 01/19/2019			
Employee Number: 229695				Pay Date 02/15/2019		Pay End 02/01/2019			
HOURS AND EARNINGS				PRE-TAX DEDUCTIONS			LEAVE BALANCES AS OF 02/01/2019		
DESCRIPTION	HOURS	CURRENT AMOUNT	YTD AMOUNT	DESCRIPTION	CURRENT AMOUNT	YTD AMOUNT	Sick Lv 6.1200		
Reg Pay	34.50	558.96	2,252.04	BCADVEE	53.81	215.24			
Pd NonWk			388.84						
Overbase	5.00	81.01	81.01				TAX STATUS		
Callback	4.00	97.20	145.80				Fed Status		
Admin Lv	12.00	194.42	291.63				Fed Marital M		
Pers Lv			97.21				Fed Exemptions 1		
							Fed Addt'l		
TAXABLE INCOME ADDED				TAX DEFERRED & POST-TAX DEDUCTIONS			St Status		
DESCRIPTION		CURRENT AMOUNT	YTD AMOUNT	DESCRIPTION	CURRENT AMOUNT	YTD AMOUNT	St Marital n/a		
				LT Dis	3.01	12.04	State VA		
				FC Ret-D	44.47	165.80	County/City		
TAX DEDUCTIONS							St Exemptions 1		
DESCRIPTION	TAXABLE EARNINGS	CURRENT AMOUNT	YTD AMOUNT				St Addt'l		
FICA-O	877.78	54.42	188.56				SUMMER FUND DEDUCTION		
FICA-M	877.78	12.73	44.10				Current Amount		
Tax-Fed	833.31	21.79	71.51				Summer Balance		
StTax-VA	833.31	29.32	95.22				DIRECT DEPOSIT DISTRIBUTIONS		
TOTALS	GROSS PAY	NET PAY (INCLUDES ACH'S)					Description Optional/Flat		
CURRENT	931.59	712.04					Bank ID --		
YTD	3,256.53						Acct ID --		
MESSAGE	Information on understanding your W2 is available online. Please check out our web pages at: https://www.fcps.edu/node/31204 Questions? Email us at payroll.help@fcps.edu			Q? Call your payroll representative at:				Amount --	
				Your Last Name A-Gi 571-423-3518				Description Apple FCU	
				Your Last Name Gj-Ok 571-423-3517				Bank ID --	
				Your Last Name OL-Z 571-423-3516				Acct ID --	
								Amount --	
								Description Net Deposit	
								Bank ID 256078514	
								Acct ID XXXXXX0007	
								Amount 712.04	

STATEMENT OF EARNINGS



COUNTY OF FAIRFAX
FAIRFAX, VIRGINIA
SCHOOL PAYROLL ACCOUNT

ADVICE
39315509

PAY DATE
02/15/2019

DEPOSIT: Seven hundred twelve and 04/100 Dollars

TO THE
ACCOUNT OF: Nancy W. Zimmer
11300 Lapham Drive
Oakton, VA 22124

AMOUNT
*****VOID*****

THIS IS NOT A CHECK
Bank of America

NON-NEGOTIABLE



FAIRFAX COUNTY PUBLIC SCHOOLS
DEPT. OF FINANCIAL SERVICES/PAYROLL MANAGEMENT
8115 GATEHOUSE ROAD
FALLS CHURCH, VA 22042

Hallmark Marketing Company, LLC
PO Box 419856 MD 321
Kansas City, MO 64141
1-888-545-6200

ADDRESS SERVICE REQUESTED

NANCY W. ZIMMER
11300 LAPHAM DRIVE
OAKTON VA 22124-0000

11108



STATEMENT OF EARNINGS AND DEDUCTIONS
RETAIN FOR YOUR RECORDS

PAYROLL	EMPLOYEE NUMBER
Biweekly Branch Field	163525
ANNUAL OR HOURLY SALARY	PAY PERIOD DATES
Hourly = 15.15 Overtime Premium = 7.575	01-21-19 to 02-03-19
FEDERAL W-4 STATUS	ORGANIZATION
Married - 1 -	011-10509
PTO HOURS AVAILABLE 02-04-19	PAYMENT DATE
	02-08-19

* Earnings with an asterisk are included in Gross Earnings for taxation purposes only and do not affect net pay.

EARNINGS DESCRIPTION	HOURS	CURRENT	YEAR TO DATE	GROSS TO NET & PAYMENT	CURRENT	YEAR TO DATE
PT Merchandiser Reg	15.89	240.81	839.05	TOTAL GROSS EARNINGS	341.57	966.78
RM Commute Time	.05	.76	.76	TOTAL PRETAX DEDUCTS	.00	.00
Referral Bonus	.00	100.00	100.00	Federal Tax	22.00	22.00
Casual Labor	.00	.00	18.94	Social Security	21.18	59.94
RM Travel Time	.00	.00	3.03	Medicare	4.95	14.02
*Taxable Earnings	.00	.00	5.00	VA State Tax	4.56	12.73
YTD Hours Paid			56.87	TOTAL TAX DEDUCTS	52.69	108.69
INFORMATION ITEMS You must report & submit all time spent in work-related activities, including any time worked inside/outside stores. Your overtime premium is 1/2 your regular hourly rate for overtime hours. Direct questions: 1-888-545-6200.				TOTAL OTHER DEDUCTS	.00	.00
				Other NP Payment	.00	.52
				TOTAL NONPAYROLL PAY	.00	.52
				NET EARNINGS	\$288.88	\$853.09
				TOTAL PAYMENTS	\$288.88	\$853.61

08110

Hallmark Marketing Company, LLC

DEPOSIT DATE

02-08-19

ACCOUNT NUMBER

XXXXXX0007

AMOUNT

\$288.88

NANCY W. ZIMMER

THIS IS A DIRECT DEPOSIT

Virginia

VA, USA

COMMERCIAL DRIVER'S LICENSE



Customer identifier

T62020185

Name

ZIMMER
JEFFREY, MICHAEL

Address

11300 LAPHAM DR
OAKTON, VA 22124-1338

Sex

M

Class

A

Date of birth

03/28/1959

Eyes

HAZ

Endorsements

X, T, S, P

Iss

REI

12/07/2016

Height

6 FT 1 IN

Restrictions

M

Exp

03/28/2021

HAZMAT

11/09/2021



JEFFREY, MICHAEL ZIMMER

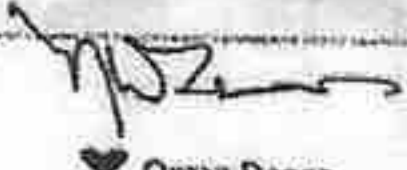

Organ Donor

DD 077157266

Virginia

VA, USA

DRIVER'S LICENSE



Customer identifier

T60879964

Name

ZIMMER
NANCY, WILLIAMS

Address

11300 LAPHAM DR
OAKTON, VA 22124-1338

Sex

F

Class

NONE

Date of birth

05/10/1959

Eyes

BRO

Endorsements

NONE

Iss

ORI

09/11/2013

Height


5 FT 6 IN

Restrictions

C

Exp

05/10/2021



NANCY, WILLIAMS ZIMMER

Organ Donor

DD 070941646