

## 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, Taylor Properties, 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 1

Leasing Agent must attach a business card.

Applicant(s) Identification Type & Expiration Date: lease holders + Occupants

Emily Maher

### OFFER TO RENT

Mr + Mrs. Michael Cox ("Applicant 1") and Michael Cox ("Applicant 2") offer to lease the property known as 6727 Huntsman Blvd, Springfield, VA 22153 (the "Premises"), for 2 / 24 years/months beginning ASAP, for the monthly rent of \$ 2750.00 payable in advance on the first day of each month.

### CONDITIONS

A NON-REFUNDABLE PROCESSING FEE OF \$ 45.00 per Applicant is included with this Application. Processing may take up to five (5) business days to complete. AN EARNEST MONEY DEPOSIT of \$ 2900.00 (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 Emily Maher (cox)  
C: 571-243-3091  
H: Ø  
W: 703-745-1030  
Email: emilyntmaher@gmail.com

APPLICANT 2 MICHAEL COX  
C: 303-501-5203  
H: Ø  
W: 571-800-3126  
Email: fulghum35@gmail.com

### 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.

[Signature] 8/3/18  
Applicant 1 Signature Date

[Signature] 8/3/18  
Applicant 2 Signature Date

**APPLICANT 1**

Emily NT MAHER (cox)  
Full Name

07/27/1979 227-49-6050  
Date of Birth SSN/TIN

6804 Brian Michael Ct.  
Current Street Address

Springfield VA 22153  
City State Zip

From: 03/13 To: Current \$ 1650.00  
Dates of Occupancy Rent ☒ Mortgage ☐

Elizabeth "Bonnie" Erskine-Johnson  
Landlord/Management/Mortgage Co. Name

360-440-7771 bonnie.er  
Phone # Email

House under repair  
Reason for Moving then being sold.  
(Reference included from Landlord.)

**APPLICANT 2**

MICHAEL Fulghum Cox  
Full Name

10/08/78 231-25-8990  
Date of Birth SSN/TIN

6804 Brian Michael Ct.  
Current Street Address

Springfield VA 22153  
City State Zip

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

SAIME  
Landlord/Management/Mortgage Co. Name

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving \_\_\_\_\_

# APPLICANT 1

Trinity Post Way  
 Previous Street Address  
 Centreville VA  
 City State Zip

From: 05/09 To: 3/13 \$ 1850.<sup>00</sup>  
 Dates of Occupancy Rent ☒ Mortgage ☐  
 Post Properties  
 Landlord/Management/Mortgage Co. Name

Phone # Email  
 To be closer to mom after Stepfather passed.  
 Reason for Moving

## EMPLOYMENT

1. Fairfax Community Church  
 Current Company Name  
 Fairfax VA From: Sept 1 To: 2018  
 Location Dates of Employment  
 Facilities Mgr. \$ 47,500.<sup>00</sup> /year  
 Position/Rank Income  
 Ronnie Kruse  
 Supervisor Name Phone

2.   
 Previous Company Name  
 From: To:  
 Location Dates of Employment  
 \$ /year  
 Position/Rank Income  
 Supervisor Name Phone

## ADDITIONAL INCOME

None \$ /year  
 Source Amount

# APPLICANT 2

1915 Trumpet Ct  
 Previous Street Address  
 Vienna VA 22182  
 City State Zip

From: 10/14 To: 6/16 \$ None  
 Dates of Occupancy Rent ☐ Mortgage ☐  
 parents - Inajo Cox  
 Landlord/Management/Mortgage Co. Name  
 703-624-1747

Phone # Email  
 Just got married, stayed w/parents after  
 Reason for Moving house sold in Charlotte + got married.

## EMPLOYMENT

1. Contes Bike Shop  
 Current Company Name  
 Arlington, VA From: 10/14 To: Current  
 Location Dates of Employment  
 Srvc Mgr \$ 60,000 /year  
 Position/Rank Income  
 David Conte 757-491-4505  
 Supervisor Name Phone

2. Tolt Service Group  
 Previous Company Name  
 Charlotte, VA From: 10/06 To: 09/14  
 Location Dates of Employment  
 Sr. Ops. Mgr. \$ 96,000.<sup>00</sup> /year  
 Position/Rank Income  
 Mark Digregorio 704-414-5090  
 Supervisor Name Phone

## ADDITIONAL INCOME

None \$ /year  
 Source Amount

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

Type of Loan	Creditor	Balance	Monthly Payment
1. None	-		
2. None			

## ASSETS (Submit supporting documentation if necessary for qualification)

Type of Asset	Value
1. None	
2. None	

# **ADDITIONAL INFORMATION**

Do you plan to bring a waterbed or large aquarium into the Premises?  
Do you intend to smoke or permit smoking in the Premises?

☐ Yes ☒ No  
☐ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>post divorce debit filed 12 got approved 2016</u>
2. Have you ever been evicted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Do you have any judgments?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Have you had a foreclosure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Are you party to a lawsuit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No	
10. Are you entitled to diplomatic immunity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. How would you rate your credit?	<u>poor</u>	<u>good</u>	

\*Attach separate sheet if necessary.

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

TYPE	BREED	AGE	WEIGHT	M/F	NEUTURED/DECLAWED
Dog	Whippet / Vzla mix	5.5	28 #	F	yes / no
					/
					/

## **Do you have any vehicles?**

VEHICLE: TYPE, MAKE, MODEL	STATE	VEHICLE: TYPE, MAKE, MODEL	STATE
16 Ford Explorer	VA	SUV	
16 Hyundai Tucson	VA	SUV	

## **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
Hayleigh Maher	Hayleigh M.	F	9/07	Daughter
Caelum Cox	Caelum F.	M	6/16	Son
Kathryn Maher	Kathryn F.	F	3/04	Daughter

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

1. <u>Virginia Meikle</u>	<u>mother</u>	<u>sharonmeikle@verizon.net</u>
Name	Relationship	Email
<u>703 298 2237</u>	<u>6819 Brian Michael Ct</u>	<u>Springfield, VA 22153</u>
Telephone	Address	City State Zip
2. <u>Paul A Maher</u>	<u>Emily's exhusband</u>	<u>maher.pau@gmail.com</u>
Name	Relationship	Email
<u>301-832-2631</u>	<u>9708 Ashbourne Dr.</u>	<u>Burke, VA 22015</u>
Telephone	Address	City State Zip



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EM, MC

VA, USA

# Virginia DRIVER'S LICENSE

Customer Identifier  
**B69688095**

Name  
**TANT-MAHER  
EMILY NICHOL**

Address  
**6804 BRIAN MICHAEL CT  
SPRINGFIELD, VA 22153-1004**

Sex  
**F**

Class  
**NONE**

Endorsements  
**NONE**

Restrictions  
**NONE**

Date of birth  
**07/27/1979**

In REI  
**06/15/2015**

Exp  
**07/27/2019**

Organ Donor  
DD 074034892



**From:** Emily Tant-Maher <emilyntmaher@gmail.com>

**To:** sharonmeikle <sharonmeikle@verizon.net>

**Date:** Sat, Aug 4, 2018 8:10 am

**Attachments:** IMG\_8975.jpg (138K)

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Sent from my iPhone

1 Attached Images

