

Preferred Property Management, LLC

Marge Jurich

Divisional Property Manager

marge@ppmfredericksburg.com

923 Maple Grove Drive sw109

Fredericksburg, VA 22407

540.735.2084 (Office)

540.735.2090 (Fax)

RENTAL APPLICATION CRITERIA

All applications are subject to approval by Preferred Property Management, LLC. After approval and acceptance of said applicant(s), the tenant(s) and landlord (Preferred Property Management, LLC) shall execute a mutually acceptable lease within 2 days of acceptance by management. If applicant cancels before the specified time frame noted above, the security deposit will be refunded to the applicant(s). If applicant(s) does not execute the lease within 2 days, the deposit, at the option of the landlord/owner/agent, can be forfeited. If this application is neither approved nor denied by the landlord/owner/agent, the security deposit shall be refundable to the applicant(s). If applicant is approved and fails to rent the dwelling unit, the landlord be entitled to retain that part of the application deposit as provided in section 55-248.6:1 of the Residential Landlord Tenant Act ("VRLTA").

THE FOLLOWING IS REQUIRED FOR MAKING APPLICATION:

1. Application must be completed with all information requested;
2. All applicant(s) are subject to a \$50.00 application fee. Married couples are considered one applicant;
3. Security deposit equal to one month's rent. Certified funds ARE required;
4. **Application fee AND security deposit MUST accompany application. NO EXCEPTIONS! Application fee and security deposit MUST represent 2 separate checks (certified funds required), cash is NOT accepted; MAKE MONEY ORDERS MADE OUT EXACTLY ***PPM OR APPLICANTS NAME*****
5. Agents can fax applications to our office showing proof they have collected the required funds. However, agents will be responsible for the delivery of the original application along with the checks before application will be processed.
6. All checks are to be made payable to: **PREFERRED PROPERTY MANAGEMENT.**
7. Applicants are accepting the property "AS IS" condition unless otherwise specified on application
8. **NO SIGHT UNSEEN APPLICATION.**

PET POLICY – All pet fees are **PER PET** (\$500) and are non-refundable.

SELF EMPLOYMENT – Must provide 2 years of tax returns or W2's

AGENTS – Provide business card

Please contact our office at 540.735.2084 with any additional questions.

DO YOU HAVE ANY SPECIAL NEEDS? ____ YES ____ NO

DO YOU NEED A VISUAL SMOKE DETECTOR? ____ YES ____ NO

APPLICANT(S) HAS READ AND UNDERSTANDS THE ABOVE _____ / _____



Each Office is Independently Owned and Operated

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CREDIT REPORT AUTHORIZATION

This letter shall constitute my personal authorization for Preferred Property Management llc to request credit history on me.

Property Address: _____

I further authorize Preferred Property Management llc to disclose and or discuss my credit history with the Listing Agent, Owners or the Landlords.

It is my wish and instruction that Preferred Property Management llc will use the consumer credit report for only this transaction and for no other whatsoever. I may, at my option, schedule an interview with the appropriate credit reporting agency.

The information obtained from the credit report may be used by the landlord/owner to determine the terms of the lease

Authorizing Signature

Date

Print Full Legal Name

Social Security Number

Present Legal Address

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 as well as all classes protected by the laws of the United States, the Commonwealth of Virginia and applicable local jurisdictions, or by the REALTOR® Code of Ethics. This application will be processed in accordance with all Fair Housing and occupancy laws.

BROKERAGE DISCLOSURE

Applicants acknowledge by their initials that in this real estate leasing transaction Listing Broker, _____, represents Landlord and that Leasing Broker, _____, represents Landlord OR Tenant. (If Broker is acting as a dual representative of both Landlord and Tenant, 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: _____

OFFER TO RENT

_____ ("Applicant 1") and _____ ("Applicant 2") offer to lease the property known as _____ (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 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 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: _____

H: _____

W: _____

Email: _____

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 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 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 in properly evaluating this Application, and any renewal. If any information is found to be false or misleading, the Application may be summarily rejected.

Applicant 1 Signature _____ Date _____ Applicant 2 Signature _____ Date _____

APPLICANT 1

Full Name _____

Date of Birth _____ Social Security Number _____

Current Street Address _____

City _____ State _____ Zip _____

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

Landlord/Management/Mortgage Co. Name _____

Phone # _____ Email _____

Reason for Moving _____

APPLICANT 2

Full Name _____

Date of Birth _____ Social Security Number _____

Current Street Address _____

City _____ State _____ Zip _____

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

Landlord/Management/Mortgage Co. Name _____

Phone # _____ Email _____

Reason for Moving _____

APPLICANT 1

APPLICANT 2

Previous Street Address

Previous Street Address

City State Zip

City State Zip

From: To: \$
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

EMPLOYMENT

EMPLOYMENT

1. Current Company Name

1. Current Company Name

From: To:
Location Dates of Employment

From: To:
Location Dates of Employment

\$ /year
Position/Rank Income

\$ /year
Position/Rank Income

Supervisor Name Phone

Supervisor Name Phone

2. Previous Company Name

2. Previous Company Name

From: To:
Location Dates of Employment

From: To:
Location Dates of Employment

\$ /year
Position/Rank Income

\$ /year
Position/Rank Income

Supervisor Name Phone

Supervisor Name Phone

ADDITIONAL INCOME

ADDITIONAL INCOME

\$ /year
Source Amount

\$ /year
Source Amount

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

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

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

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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. Have you ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. Do you have any judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. Have you had a foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. Are you party to a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. Do you pay alimony or child support?	<input type="checkbox"/> Yes <input 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 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9. How would you rate your credit?	_____	_____	

*Attach separate sheet if necessary.

DEBTS (List major loans or credit card debt)

Type of Loan	Creditor	Balance	Monthly Payment
1. _____	_____	_____	_____
2. _____	_____	_____	_____

ASSETS (Submit supporting documentation if necessary for qualification)

Type of Asset	Value
1. _____	_____
2. _____	_____

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

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

1. _____
 Name Relationship Email

Telephone Address City State Zip

2. _____
 Name Relationship Email

Telephone Address City State Zip



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RENTAL VERIFICATION

Applicant(s) name(s)
Current Address
Name and address of current landlord/management company:
Phone: _____ Fax: _____

I/We authorize our current Landlord or Management Company to release the following information regarding our rental history at the above referenced address.

Applicant Signature _____ *Date* _____

Applicant Signature _____ *Date* _____

*****APPLICANT: DO NOT COMPLETE THE FOLLOWING*****

An application for residency has been made by the named applicant. We are requesting that you verify the name of the Applicant and provide related information in accordance with the authorization Preferred Property Management has attained by the applicant. We will maintain this information as confidential. Thank you in advance for your assistance.

Dates of occupancy: From _____ To _____

Monthly Rent \$ _____

Paid as Agreed? _____ YES _____ NO If no, number of times late _____

Specify legal action taken: _____

Specify complaints regarding pets? _____

Was proper notice given? _____

Condition of unit at termination? _____

Would you rent to applicant again? _____

Additional Comments _____

Signature of Landlord or Property Manager _____ Date _____

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EMPLOYMENT VERIFICATION

Applicant(s) name(s) _____

Current Address _____

Name and address of current Employer: _____

Phone: _____ Fax: _____

I/We authorize our current employer to release the following information regarding our employment history to Preferred Property Management, LLC.

Applicant Signature _____ *Date* _____

Applicant Signature _____ *Date* _____

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Applicants Name _____

Social Security Number _____

Address _____

Dates of Employment: _____

Current Salary _____

Full or Part time: _____ Job Stability: _____

Any Concerns in reference to named employee? _____

Additional
Comments _____

Signature and Title of person filling out this
form _____ Date _____

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Date

Applicant Signature

Date

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