## Johnson & Glazebrook, Inc. RENTAL APPLICATION GUIDELINE

Updated August 10, 2022

- Income guidelines to qualify for a rental are as follows:
  - > Single applicant qualify for a rental amount equal to 30% of their gross monthly income.
  - > Two applicants can combine incomes to meet this guideline.
  - Three or more applicants two of the applicants must meet the guideline requirement.
  - ➤ If we are unable to verify income through standard employee follow-up, applicants may be required to produce additional information such as W-2 or 1099 forms, and if self-employed, a copy of (2) years of federal income tax returns. If military, please include a copy of your most recent L.E.S.
  - > The income received through a rental assistance program will be subtracted prior to calculations.
  - Co-Signers cannot be considered for a lease application.
- A good credit score rating in the 675 FICO SCORE or above range, is required. Landlords may establish individual requirements.
- A debt-to-income ratio of less than 50% is recommended.
- When completing the rental application, please provide (3) years residential and employment history, along with the contact names and telephone numbers where the individuals can be reached to verify the information. Please be sure to list all occupants and indicate whether you have a pet. A complete application can expedite processing.
- Single applicants must submit a complete separate rental application. The processing fee is \$50.00 per applicant. Married applicants can submit one rental application; however, the processing fee is still \$50.00 per applicant.
- Zelle: Johnson & Glazebrook, Inc. accepts application fees via Zelle. Please see page 5 for instructions.
- If your application is contingent upon certain clauses/contingencies, these requirements must be specified, in advance, on the application.
- At the time of lease signing the security deposit is due, and the first month's rent is due on or before your move-in date, or when obtaining keys to the property. The owner has the right to require certified funds.
- All parties are required to be noted as occupants and/or Lessees on the application and lease.
- Upon approval, if a lease is not signed and returned with required funds to management within 24 hours from receipt, the management company may relist the property on the active market at the owner's discretion and withdraw the approval. No lease is considered fully ratified until prospective lessee(s) and owner(s) (or agent for owner) have signed and ratified the lease.
- > Credit Worthiness Criteria (Possible Causes for Denial):
  - Evictions, Judgements, Liens, Collections, Negative Public Records, Type and Number of Pets, Debt to Income Ratio, Bankruptcies, Foreclosures, Repossessions, Short-term Employment and Insufficient Residential Verification.

| CHECKLIST FOR APPLICANT. Before submitting the application, please verify that the following are completed:   |
|---|
| The application is signed and initialed by all applicants.  |
| The processing fee of \$50.00 per adult applicant has been submitted. **For application fee payments made via Zelle, please see the instructions on page 5. |
| Three years of employment (including salary information) & rent history have been provided, along with the telephone numbers for verification.              |
| Applicant has specified whether or not they plan to have a pet.  Thank you for cooperation.   |

1 10/8/2024



## JOHNSON & GLAZEBROOK, INC.

1807 William Street, Fredericksburg, VA 22401 (540) 372-4444 FAX (540) 373-9848

## APPLICATION FOR LEASE

|   |                   |                         |                    |                    |                   |                     |                             | Date                       |                          |                           |                                    |
|---|-------------------|-------------------------|--------------------|--------------------|-------------------|---------------------|-----------------------------|----------------------------|--------------------------|---------------------------|------------------------------------|
| The property will be sho sex, familiar status, hand regulations.  | icap, o           | r elderlines            | s in con           | npliance           | with all a        | pplicab             | le fe                       | deral and st               | ate and lo               | ocal fair h               | ousing laws and                    |
| This Rental Application   | is mad            | le to lease 1           | oremise            | s known            | as                |                     |                             |                            |                          |                           |                                    |
| 11  |                   | 1                       |                    |                    |                   | (ADDR               | RESS (                      | OF PROPERT                 | Y YOU ARE                | APPLYING                  | G FOR)                             |
| for year(s), beginn   | ning or           | n the                   | _day of            |                    |                   | , 20                | , f                         | or the mont                | hly rent o               | f \$                      | , payable                          |
| in advance on the first da<br>by not more than  | -                 |                         |                    |                    | -                 |                     |                             |                            |                          | -                         | -                                  |
| Landlord is not providin<br>Landlord's insurance con<br>shall be at tenant's risk a<br>proof of coverage during | verage<br>and Tl  | does not co<br>ENANTS A | over the<br>ARE RE | tenant's<br>QUIREI | persona<br>TO obt | l prope<br>tain ren | rty.<br>ter's               | All persona insurance      | l property<br>at their o | y placed i<br>wn exper    | n said premises<br>ise and provide |
| The Processing Fee is \$50.0 processing fee amount of \$PROCESSING.   |                   |                         |                    |                    |                   |                     |                             |                            |                          |                           |                                    |
| Contact info prior to the Applicant #1 Email add  | lease to<br>ress: | erm? Appli              | cant #1            | Cell:              | Ap                | plicant :           | 42 E1                       | Applicant #<br>mail addres | 2 Cell:<br>s:            |                           |                                    |
| *EACH ADULT TO APPEA  |                   |                         |                    |                    |                   |                     |                             |                            |                          |                           |                                    |
| APPLICANT LAST NAME (S  | Suffix) F         | IRST NAME               |                    | Middle Initial     | DATE OF BII       | RTH                 | SOCI                        | AL SECURITY NU             | MBER                     | RELATI                    | IONSHIP to Co-Applicant            |
| CO-APPLICANT LAST NAME (S   | Suffix) F         | IRST NAME               |                    | Middle Initial     | DATE OF BII       | RTH                 | SOCIAL SECURITY NUMBER RELA |                            | RELATI                   | IONSHIP to Applicant      |                                    |
| OTHER OCCUPANTS: LAST NAME  | S                 | UFFIX                   | FIRST NAM          | IE .               |                   | INITIAL             |                             | AGE                        |                          | RELAT                     | IONSHIP                            |
|   |                   |                         |                    |                    |                   |                     |                             |                            |                          |                           |                                    |
|   |                   |                         |                    |                    |                   |                     |                             |                            |                          |                           |                                    |
|   |                   |                         |                    |                    |                   |                     |                             |                            |                          |                           |                                    |
|   |                   |                         |                    |                    |                   |                     |                             |                            |                          |                           |                                    |
| PETS *Applicant ack Breeds or mixes of the follo German Shepherd, Akita, 1                                      | owing             | breeds are n            | ot consi           |                    |                   |                     |                             | E ATTACH<br>e restriction  |                          |                           |                                    |
| TYPE of ANIMAL  |                   | BREED                   |                    |                    | WEIGHT AGE        |                     |                             | COLOR/NAME                 |                          | SPAYED/NEUTERED/DE-CLAWED |                                    |
|   |                   |                         |                    |                    |                   |                     |                             |                            |                          |                           |                                    |
|   |                   |                         |                    |                    |                   |                     |                             |                            |                          |                           |                                    |
| AUTOMOBILES, CAM  | PERS.             | VANS, TR                | AILER              | S. TRUC            | KS, CO            | MMER                | CIA                         | L VEHICLE                  | ES. ETC.                 |                           |                                    |
| MAKE  | ,                 | MODEL                   |                    | YEAR               | -,                | COL                 |                             |                            | STATE                    |                           | LICENSE NUMBER                     |
|   |                   | 1                       |                    |                    |                   |                     |                             |                            |                          |                           | 1                                  |
|   |                   | +                       |                    |                    |                   |                     |                             |                            |                          |                           |                                    |
|   |                   | <u> </u>                |                    |                    |                   |                     |                             |                            |                          |                           |                                    |

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10/8/2024

| PERSONAL REFERENCES   |   |                                      |  |  |  |  |
|---|---|--------------------------------------|--|--|--|--|
| NAME  | PHONE   | PHONE                                |  |  |  |  |
| ADDRESS   | CITY, STA   | CITY, STATE ZIP                      |  |  |  |  |
| NAME  | PHONE   |                                      |  |  |  |  |
| ADDRESS   | CITY, STA   | CITY, STATE ZIP                      |  |  |  |  |
|   | /// NOTE !  |                                      |  |  |  |  |
| NAME  | Y (list nearest person NOT living with you PHONE  | RELATIONSHIP                         |  |  |  |  |
| NAME  | PHONE   |                                      |  |  |  |  |
|   | RESIDENTIAL HISTORY   | ,                                    |  |  |  |  |
| CURRENT (Present Address) * N   | RESIDENTIAL THISTORT  State of the three (3) years of residential hist  |                                      |  |  |  |  |
| ADDRESS   | CITY, STATE ZIP   | YEARS                                |  |  |  |  |
| YEARS   | MONTHLY PAYMENT DID YOU RENT  | FOR OWN? PAYMENT:                    |  |  |  |  |
| NAME OF LANDLORD OR MORTGAGE COMPANY  | \$ PHONE NUMBER   | COMMENTS:                            |  |  |  |  |
| REASON FOR MOVING   |   | VERIFIED BY:                         |  |  |  |  |
|   |   |                                      |  |  |  |  |
| PREVIOUS (Please use separate form or bac                                     | k of application for additional entries as needed.)   | OFFICE USE ONLY - DO NOT WRITE BELOW |  |  |  |  |
| ADDRESS   | CITY, STATE ZIP DID YOU RENT C  |                                      |  |  |  |  |
| YEARS   | MONTHLY PAYMENT   | PAYMENT:                             |  |  |  |  |
| NAME OF LANDLORD OR MORTGAGE COMPANY  | \$ PHONE NUMBER   | COMMENTS:                            |  |  |  |  |
| REASON FOR MOVING   |   | VERIFIED BY:                         |  |  |  |  |
|   |   |                                      |  |  |  |  |
| A. Individual U.S. Tax Form 1040 B. S<br>F APPLICANT IS PAID ON AN HOURLY, OR | ANT MUST ATTACH COPIES FOR PAST TWO YEAR elf-employment U.S. Tax Schedule C WEEKLY BASIS, W-2 FORMS FOR THE PAST TWO  ENT * Must have three (3) years of employment | YEARS MAY BE REQUIRED.               |  |  |  |  |
| APPLICANT EMPLOYED BY   | HOW LONG?   | POSITION:                            |  |  |  |  |
| BUSINESS ADDRESS  | PHONE NUMBER:   | HOW LONG:                            |  |  |  |  |
|   |   |                                      |  |  |  |  |
| POSITION  | SALARY\$ PER  | SALARY:                              |  |  |  |  |
| SUPERVISOR NAME AND TITLE   | PHONE NUMBER:   | ADDTL INFO:                          |  |  |  |  |
| EMAIL ADDRESS FOR SUPERVISOR or HR DEPT :                                     | ATTN NAME:  | VERIFIED BY:                         |  |  |  |  |
| APPLICANT OTHER INCOME  |   | OFFICE USE ONLY - DO NOT WRITE BELOW |  |  |  |  |
| \$ PER  | SOURCE:   |                                      |  |  |  |  |
|   |   | <u> </u>                             |  |  |  |  |
| APPLICANT PREVIOUS EMPLOYN  | IENT  | OFFICE USE ONLY - DO NOT WRITE BELOW |  |  |  |  |
| APPLICANT EMPLOYED BY:  | HOW LONG:   | POSITION:                            |  |  |  |  |
| BUSINESS ADDRESS  | PHONE NUMBER:   | HOW LONG:                            |  |  |  |  |
| POSITION  | SALARY\$ PER  | SALARY:                              |  |  |  |  |
|   |   |                                      |  |  |  |  |
| SUPERVISOR NAME AND TITLE   | PHONE NUMBER  | ADDTL INFO:                          |  |  |  |  |

| CO-APPLICANT PRESENT EM  | PLOYMENT                  |                |               | OFFICE USE (        | ONLY - DO NOT WRITE  | BELOW      |  |
|--|---------------------------|----------------|---------------|---------------------|----------------------|------------|--|
| CO-APPLICANT EMPLOYED BY   | HOW LONG                  | G:             | POSITION:     |                     |                      |            |  |
| BUSINESS ADDRESS   | BUSINESS ADDRESS          |                |               | HOW LONG:           | HOW LONG:            |            |  |
| POSITION   |                           | SALARY\$       | PER           | SALARY:             |                      |            |  |
| SUPERVISOR NAME AND TITLE  | SUPERVISOR NAME AND TITLE |                |               | ADDTL INFO          | ):                   |            |  |
| EMAIL ADDRESS FOR SUPERVISOR or HR DEPT  |                           | ATTN NAM       | ſE:           | VERIFIED BY         | :                    |            |  |
|  |                           |                |               |                     |                      |            |  |
|  |                           |                |               |                     |                      |            |  |
| CO-APPLICANT OTHER INCO  |                           |                |               | OFFICE              | USE ONLY - DO NOT W  | RITE BELOW |  |
| \$ PER   | SOURCE:                   |                |               |                     |                      |            |  |
|  |                           |                |               |                     |                      |            |  |
| CO-APPLICANT PREVIOUS E  | MPLOYMENT                 |                |               | Ī                   | E ONLY - DO NOT WRIT | E BELOW    |  |
| CO-APPLICANT EMPLOYED BY   |                           | HOW LON        |               | POSITION:           |                      |            |  |
| BUSINESS ADDRESS   |                           | PHONE NU       | JMBER:        | HOW LONG:           |                      |            |  |
| POSITION   |                           | SALARY\$       | PER           | SALARY:             |                      |            |  |
| SUPERVISOR NAME AND TITLE  |                           | PHONE NU       | JMBER:        | ADDTL INFO          | :                    |            |  |
| EMAIL ADDRESS FOR SUPERVISOR or HR DEPT  |                           | ATTN NAN       | ME:           | VERIFIED BY         | :                    |            |  |
|  |                           |                |               |                     |                      |            |  |
|  |                           |                |               |                     |                      |            |  |
| MONTHLY PAYMENTS   |                           |                |               |                     |                      |            |  |
| ТО   | FOR                       |                | BALAN<br>\$   | ICE                 | MONTHLY PAYMER<br>\$ | NT         |  |
|  |                           |                |               |                     |                      |            |  |
|  |                           |                | \$            |                     | \$                   |            |  |
|  |                           |                | \$            |                     | \$                   |            |  |
|  |                           |                | \$<br>¢       |                     | \$                   |            |  |
|  |                           |                | \$            |                     | \$                   |            |  |
|  |                           |                | ,             |                     |                      |            |  |
| PLEASE ANSWER YES OR NO TO THE<br>HAS APPLICANT/CO-APPLICANT E<br>HAS APPLICANT/CO-APPLICANT E | VER FILED FOR BANKRU      | UPTCY? IF YES, |               |                     | IATION.              | YES OR NO  |  |
| HAS APPLICANT/CO-APPLICANT H<br>SEVEN (7) YEARS?   | AD PROPERTY FORECL        | OSED UPON OR   | GIVEN TITLE O | R DEED IN LIEU THEF | REOF IN THE PAST     |            |  |
| IS APPLICANT/CO-APPLICANT PAR  |                           | NN/ CHTTP 25-  | DODE OF SEE : |                     |                      |            |  |
| IS APPLICANT/CO-APPLICANT OBL<br>IS APPLICANT/CO-APPLICANT A CO                                |                           |                | PORT OR SEPAI | RATE MAINTENANCE    | S?                   |            |  |
| IF APPLICANT/CO-APPLICANT ANS  | WERED "YES" TO ANY        | OF THE ABOVE   |               | LEASE PROVIDE A LI  | ETTER OF             | 1          |  |
| EXPLANATION BELOW OR ATTACE  | I A SEPARATE LETTER       | WITH THIS AP   | PLICATION:    |                     |                      |            |  |
|  |                           |                |               |                     |                      |            |  |

The Applicant(s) hereby certify that the information contained in this Application for Lease is true and correct to the best of Applicant(s)' knowledge and belief. Applicant(s) hereby authorize Agent to conduct a credit check on Applicant(s) and an appropriate background check to verify information provided herein by Applicant(s) for approval or rejection of this Application, or during or after tenancy for collection purposes. It is understood that this application, including each prospective occupant, is subject to approval and acceptance. The Applicant(s) further authorizes their current and past Landlord/Management Company and also their current and past Employer(s) to release Applicant(s)' rental history and employment information to Johnson & Glazebrook, Inc.

| DISCLOSURE OF BROKERAGE RELATION   | NSHIP IN A RESIDENTIAL REAL ESTATE TRANSACTION:  |  |  |  |  |
|--|--|--|--|--|--|
| The undersigned party(ies) do hereby acknowledge disclosure that the licensee Michelle Irby (Broker or                 |  |  |  |  |  |
| Salesperson) associated with Johnson & Glazebrook Inc  | nc. (Brokerage Firm) represents only the following party in a                            |  |  |  |  |
| residential real estate transaction: represents $\square$ Lan  | andlord as Landlord's representative OR  |  |  |  |  |
| representative.  |  |  |  |  |  |
| (If Broker is acting as dual representative of both Landlord and Ten   | enant, the appropriate form is attached to and made part of this Application for Lease.) |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| APPLICANT SIGNATURE  | CO-APPLICANT SIGNATURE   |  |  |  |  |
| I certify that I have seen the condition of the prope condition except as noted below:                                 | perty and make this application to rent in its present physical                          |  |  |  |  |
| Applicant Initials:  | Co-Applicant Initials:   |  |  |  |  |
| LEASING AGENT (Please attach business card)  | FIRM ADDRESS/TELEPHONE NUMBER  |  |  |  |  |
| ZELLE PAYMENT INFORMATION:   |  |  |  |  |  |
| When making a payment via Zelle, please use email: aṛ  | pplications@jgirealty.com  |  |  |  |  |
| Please reference the property address. Once Johnson & Glazebrook, Inc. receives the Zelle payment, a confirmation will |  |  |  |  |  |
| be emailed and Johnson & Glazebrook, Inc. will process the application. APPLICATION WILL NOT BE PROCESSED              |  |  |  |  |  |
| UNTIL THE ZELLE PAYMENT HAS BEEN RECEIVED  | <mark>D.</mark>  |  |  |  |  |
| (FOR JGI OFFICE USE  | SE ONLY - DO NOT WRITE BELOW)  |  |  |  |  |
| Non-Refundable Proces  | essing Fee \$ form   |  |  |  |  |