



Prince George's County Association of REALTORS®, Inc.
RENTAL APPLICATION: Part I - Disclosure
Please print clearly and complete all blanks on Part I and Part II of this Form.

Application is made to lease premises known as 7207 Cloverdale Dr., Oxon Hill, MD 20745-1520
for the total rental of \$ 2000
following terms: Monthly Rental: \$ 2000
payable monthly in advance on the first day of each month on the

Lease Term: 1 yr
Date Start: 9/1/18 Date End: 8/31/19

A deposit in the sum of Two Thousand Dollars (\$ 2000)
is made herewith (WHICH SHALL BE APPLIED TO THE SECURITY DEPOSIT UPON
SIGNING THE LEASE OR RETURNED TO APPLICANT IN WHOLE OR IN PART AS HEREINAFTER PROVIDED).

Dollars (\$ 38)
Additionally, a non-refundable fee of 38
is to be used in full by Listing Broker for the credit/consumer check and processing the
application with the understanding that this application, including each prospective occupancy, is subject to Landlord's approval and
acceptance. When so approved and accepted, the applicant(s) agree(s) to execute a lease and to pay any balance due on the security
deposit and/or the first month's rent (as required by Landlord) within 7 days after being notified of acceptance and before
possession is given. In the event the application is approved, but the applicant(s) REFUSE(S) TO SIGN A LEASE WITHIN THE
TIME PROVIDED HEREIN, then the Landlord/Agent SHALL RETAIN THAT PORTION OF THE HEREIN DESCRIBED
DEPOSIT actually expended as a result of this application, but only to the extent such expenditures exceed the non-refundable fee set
forth above. The balance of the deposit, if any, shall be returned to applicant within fifteen (15) days of receipt of written
communication, by either party to the other, of a decision that no tenancy shall occur. In the event the application is not approved and
accepted by Landlord, the deposit shall be returned in full to the applicant within fifteen (15) days of such action. The applicant(s)
hereby waive(s) any claim for damages for reason of non-acceptance of this application.

(Initials: J R S R)

SPECIAL LEASE REQUIREMENTS:

Pets: ☐ Yes ☒ No

Waterbed: ☐ Yes ☒ No

Special Equipment: ☐ Yes ☒ No

Other needs and/or requirements: N/A

I/we, the undersigned applicant(s) affirm under the penalties of perjury that I/we have read and understand Part I and Part II of this
application and that my/our answers to the questions on this application are true and correct to the best of my/our personal knowledge.
information and belief and that I/we have not knowingly withheld any fact or circumstance which would, if disclosed, affect my/our
application unfavorably.

APPLICANT(S) SIGNATURE(S):

Jeremy Rodriguez
Shanta Rodriguez

Checks: \$ _____ Cash: \$ _____ Date: _____

Leasing Broker: _____ Broker Code: _____

Address: _____ Phone: _____

Leasing Agent: _____ MRIS #: _____ Phone: _____

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Page 1 of 3

Rev. 10/16

7207 Cloverdale

Taylor Properties, 175 Admiral Cochrane Drive, Suite 111 Annapolis MD 21401
Phone: (240) 501-1105 Fax: (240) 823-9224
Wilsons A. Bascoe
Produced with ZipForm® by ziplogix 18070 Fifteen Mile Road, Fraser, Michigan 48066 www.ziplogix.com

Reason:
Maryland Law requires that all applications for leases must contain certain information regarding the liabilities and rights of applicants. Certain liabilities which the prospective Tenant incurs upon signing this application will be enumerated herein. In addition to these liabilities, there are certain other liabilities and rights which the prospective Tenant has under Maryland Law.

1. If a Landlord/Agent requires from a prospective Tenant any fees other than a security deposit as defined by Section 8-203(a) of the Maryland Real Property Code, and these fees exceed \$25.00, then the Landlord/Agent shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damages. The return shall be made no later than 15 days following the date of occupancy or the written communication by either party to the other of a decision that no tenancy shall occur. The Landlord/Agent may retain only that portion of the fees actually expended for a credit check or other expenses arising out of the application and shall return that portion of the fees not actually expended on behalf of the Tenant making application.

2. If, within 15 days of the first to occur of occupancy or signing a lease, a Tenant decides to terminate the tenancy, the Landlord/Agent may also retain that portion of the fees which represent a loss of rent, if any, resulting from the Tenant's action.

3. The provisions of the foregoing Paragraphs 1 and 2 do not apply to any Landlord/Agent who offers four or less dwelling units for rent on one parcel of property, or at one location, or to seasonal or condominium rentals.

The applicant(s) hereby authorize Listing Broker/Landlord to order and obtain a credit/consumer report from a credit/consumer reporting agency to be used in conjunction with this transaction when the applicant(s) has made application for tenancy. In the event the Listing Broker is acting on behalf of the Landlord, another broker or other party directly or indirectly affected by said transaction, the Listing Broker shall become part of any lease agreement executed between the Landlord and/or Agent and the applicant(s), and ANY application shall be considered a **SUBSTANTIAL** breach of said lease. After this application has been processed, the Landlord/Owner may be contacted for final approval. Applicant will be contacted when approval is received or denied. If Landlord is out-of-state or overseas, it may take longer to obtain formal approval of tenancy.

I/we understand that this **APPLICATION DOES NOT CONSTITUTE A COMMITMENT** to lease or rent and that a **WRITTEN LEASE WILL BE PREPARED** if my application is approved. I/we further understand that the lease **MUST BE SIGNED BY BOTH THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID**. Should I sign a lease for a dwelling unit managed by Listing Broker/Landlord, I am prepared to deposit with the Listing Broker/Landlord a security deposit in an amount not to exceed the maximum security deposit permitted by Law and in accordance with the risks to the property involved. I understand that the rate of interest on the security deposit is determined in accordance with section 8-203, Real Property Article, Annotated Code of Maryland. If a security deposit is required, I understand that I may make a written request to the Landlord/Agent within fifteen (15) days of the date of occupancy for a list of all existing damages.

I/we understand that any or all of the information given here may be used by the Landlord and/or its Agent to determine my/our reputation for meeting my/our financial obligations and my/our respect for the property of others. I/we freely give my/our consent to Listing Broker/Landlord to consult with any of the persons named or not named who have direct knowledge of my/our financial reliability.

I/we certify that I/we have received and carefully examined a copy of the Standard Dwelling Lease form and any addendum that may be used in conjunction with the Lease. I/we agree that I/we shall apply for all utilities services before taking occupancy of the leased premises and agree to pay all utilities: **GAS, OIL, ELECTRICITY, WATER, SEWER, REFUSE**, where applicable, and will pay deposits therefore, if required.

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Page 2 of 5
PGCAR Form #1103 Rental - Rental Application Part I, Disclosure

IF EMPLOYER REFUSES TO VERIFY APPLICANT'S EMPLOYMENT BY PHONE, IT SHALL BECOME THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE IMMEDIATE WRITTEN CONFIRMATION OF SUCH INFORMATION. IF APPLICANT IS SELF-EMPLOYED, ATTACH COPIES FOR PAST TWO YEARS OF INDIVIDUAL US TAX FORM 1040 AND SELF-EMPLOYMENT US TAX SCHEDULE C.

ASSETS:
Checking Account: \$ 3,900.00
Savings Account: \$
Credit Union: \$
Other Assets: \$
TOTAL: \$

LIABILITIES:
Auto Loan: ID Bank
R.E. Mtg.:
Credit Cards: Capital One
Bank Loans: Credit One
Personal Loans: \$
Alimony: \$
Child Care/Support: \$
Suits/Judgments: \$

Auto Loan: ID Bank
R.E. Mtg.:
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Bank Loans: Credit One
Personal Loans: \$
Alimony: \$
Child Care/Support: \$
Suits/Judgments: \$

Have you ever been sued for non-payment of rent or been evicted for non-payment? ☒ Yes ☐ No If "Yes," please explain:

Nearest Relative Name: Rachel Rodriguez Address: 1200 Terry Ln. Herndon, VA. 20170 Relationship: Sister Phone: (703) 675-5116

LOCAL REFERENCES:

Name: Dominic Glover Relationship: friend Address: Michael Henderson Phone: (703) 454-2818 Name: _____ Relationship: _____ Address: _____ Phone: (703) 262-3683

I have ☒ / have not ☐ given my present Landlord notice of my intention to vacate. Reason for vacating is: House is old and constantly needing repairs. Landlord takes too long to repair. Applicant's Signature: Jaime Rodriguez Date: 8/16/18



Prince George's County Association of REALTORS®, Inc.
RENTAL APPLICATION: Part I - Disclosure
Please print clearly and complete all blanks on Part I and Part II of this Form.

Date August 16, 2018

Application is made to lease premises known as 7207 Cloverdale Dr., Oxon Hill, MD 20745-1520

For the total rental of \$ 2000
Following terms: Monthly Rental: \$ 2000
Lease Term: 1 yr.
Date Start: 9/1/18 Date End: 8/31/19

A deposit in the sum of Two Thousand Dollars (\$ 2000) is made herewith (WHICH SHALL BE APPLIED TO THE SECURITY DEPOSIT UPON SIGNING THE LEASE OR RETURNED TO APPLICANT IN WHOLE OR IN PART AS HEREINAFTER PROVIDED).

Additionally, a non-refundable fee of Thirty Eight Dollars (\$ 38) is to be used in full by Listing Broker for the credit/consumer check and processing the application with the understanding that this application, including each prospective occupancy, is subject to Landlord's approval and acceptance. When so approved and accepted, the applicant(s) agree(s) to execute a lease and to pay any balance due on the security deposit and/or the first month's rent (as required by Landlord) within 7 days after being notified of acceptance and before possession is given. In the event the application is approved, but the applicant(s) REFUSE(S) TO SIGN A LEASE WITHIN THE TIME PROVIDED HEREIN, then the Landlord/Agent SHALL RETAIN THAT PORTION OF THE HEREIN DESCRIBED DEPOSIT actually expended as a result of this application, but only to the extent such expenditures exceed the non-refundable fee set forth above. The balance of the deposit, if any, shall be returned to applicant within fifteen (15) days of receipt of written communication, by either party to the other, of a decision that no tenancy shall occur. In the event the application is not approved and accepted by Landlord, the deposit shall be returned in full to the applicant within fifteen (15) days of such action. The applicant(s) hereby waive(s) any claim for damages for reason of non-acceptance of this application.

(Initials: J R S R)

SPECIAL LEASE REQUIREMENTS:

Waterbed: ☐ Yes ☒ No Pets: ☐ Yes ☒ No

Special Equipment: _____
Other needs and/or requirements: N/A

I/we, the undersigned applicant(s) affirm under the penalties of perjury that I/we have read and understand Part I and Part II of this application and that my/our answers to the questions on this application are true and correct to the best of my/our personal knowledge. Information and belief and that I/we have not knowingly withheld any fact or circumstance which would, if disclosed, affect my/our application unfavorably.

APPLICANT(S) SIGNATURE(S):

Jeremy Rodriguez

Jeremy Rodriguez

Checks: \$ _____ Cash: \$ _____ Date: _____

Leasing Broker: _____ Broker Code: _____

Address: _____ Phone: _____

Leasing Agent: _____ MRIS #: _____ Phone: _____

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Page 1 of 3

PGCAR Form #1103 Rental - Rental Application Part I, Disclosure
Taylor Properties, 175 Admiral Cochrane Drive, Suite 111 Annapolis MD 21401
Phone: (240) 501-1105 Fax: (240) 823-9224
Winsonne A. Bascoe
Produced with ZipForm® by ziplogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.ziplogix.com

7207 Cloverdale

Rev. 10/16



Prince George's County Association of REALTORS®, Inc.
RENTAL APPLICATION: Part II - Applicant Information
Must accompany Part I - Disclosure of Rental Application



Applicant's Name: Sharita Rodriguez Birth Date: 8/17/83 SS#: 214-04-7118
Driver's License #: R-362-765-048-643 State: MD

Home Phone: none Temporary Local # (if applicable): N/A
Office Phone: none Cell Phone: (202) 870-8684

Email Address #1: s.rod-817@yahoo.com Email Address #2: N/A
Present Address: 3203 Accolade Dr. Clinton, MD Zip: 20735
☐ Own ☒ Rent Years: 7 1/2 Rent/Mtg. Pymts: \$ 1,950

List all previous addresses for the last five years including period of stay in each and the name and telephone number of Landlord/Agent from whom you rented. (Use additional sheet if needed).

Address:	From:	To:	Phone:

Applicant's Employer: Bath and Body Works Position: Lead Salesperson
Address: Mall Circle Waldorf, MD. 20603 How Long: 10 months
Supervisor: Sarah Summers Supervisor's Phone: (301) 932-9528

If employed less than one year, give previous employment information:

Previous Employer: _____
Address: _____
Supervisor: _____
Supervisor's Phone: _____

GROSS ANNUAL INCOME: \$ 13/hr
Base Pay: \$ _____
Overtime: \$ _____
Bonuses: \$ _____

Commissions: \$ _____
Dividends: \$ _____
Other: \$ _____
TOTAL: \$ 17,000

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Rev. 10/16

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ASSETS: Checking Account: \$100 Bank: Capital One Acct. #: Acct. #: Other Assets: (Specify) TOTAL: \$

LIABILITIES: Auto Loan: Capital One R.E. Mtg.: Capital One Credit Cards: Capital One Bank Loans: Personal Loans: Alimony: Child Care/Support: Suits/Judgments: TOTAL: \$

OCCUPANTS: Number of Adults: 2 Number of Children: 3 Relationship: husband Age: 43 Relationship: self Age: 35 Relationship: son Age: 17 Relationship: son Age: 16 Relationship: son Age: 14

Pets: Dog (Breed): no Cat: no Other: no

AUTOMOBILES: Type/Make: Dodge Charger Year: 2018 Tag #: 8DD5483 State: MD Type/Make: Honda Accord Year: 2016 Tag #: 5B3875 State: MD

MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS: Type/Make: N/A Year: Tag #: State: Type/Make: N/A Year: Tag #: State:

Are any of the above commercial vehicles? If so, which ones? N/A

All motor vehicles or trailers shall have current licenses and may be parked ONLY in garages, driveways, if provided, on the street (not in fire lanes or on the lawn), OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S ASSOCIATION.

Citizen of (Country): United States Passport #: none Diplomatic Clause required? Yes No Length of Stay: Explanation: Have you ever filed bankruptcy? Yes No Date:

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Have you ever been sued for non-payment of rent or been evicted for non-payment?
☐ Yes ☒ No If "Yes," please explain:

Nearest Relative Name: Whitnie Lee Address: 2605 Keating St. Temple Hills, MD. 20748
Relationship: Sister Phone: (240) 472-2432

LOCAL REFERENCES:
Name: Ashley Younger Address: _____
Name: Everlyn Younger Address: _____
Relationship: Sister Phone: (202) 519-2392
Relationship: Mother Phone: (202) 360-8881

I have ☒ / have not ☐ given my present Landlord notice of my intention to vacate.
Reason for vacating is: House is old and constantly needing repairs. Landlord takes too long to repair.
Applicant's Signature: [Signature] Date: 8/16/18

CENTER FOR ARTS AND MEDIA 612 B LAFAYETTE AVE LAUREL, MD 20707

0847

07/13/2018

Employee Number:
Department Number:
Social Security Number: XXX-XX-2603
Withholding Allowances: S2
Pay Day:
Pay Period: 14
Pay Rate: 27.5 PER HOUR
NET PAY: ***1,656.19

Earnings		Taxes		Deductions / Miscellaneous Items	
Description	Hours	This Period	Year-To-Date	Description	This Period
SALARY	80	2,200.00	30,800.00	HEALTH INSURANC	0.00
SALARYII		0.00			0.00

CLINTON, MD 20735

JEREMY RODRIGUEZ
3203 ACCOLADE DR

Total Earnings

2,200.00

30,800.00

Total Taxes

543.81

7,613.34 Total Deductions

0.00

CENTER FOR ARTS AND MEDIA 612 B LAFAYETTE AVE LAUREL, MD 20707

0847

Pay Day: 07/13/2018

Employee Number:
Department Number:
Social Security Number: XXX-XX-2603
Withholding Allowances: S2
Pay Day:
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Pay Rate: 27.5 PER HOUR
NET PAY: ***1,656.19

Earnings		Taxes		Deductions / Miscellaneous Items	
Description	Hours	This Period	Year-To-Date	Description	This Period
SALARY	80	2,200.00	30,800.00	HEALTH INSURANC	0.00
SALARYII		0.00			0.00

CLINTON, MD 20735

JEREMY RODRIGUEZ
3203 ACCOLADE DR

Total Earnings

2,200.00

30,800.00

Total Taxes

543.81

7,613.34 Total Deductions

0.00

REORDER FORM #7200

[illegible]

CENTER FOR ARTS AND MEDIA 612 B LAFAYETTE AVE LAUREL, MD 20707									
JEREMY RODRIGUEZ		3203 ACCOLADE DR		CLINTON, MD 20735		Earnings			
Employee Number:	Department Number:	Social Security Number:	Withholding Allowances:	Hours	This Period	Year-To-Date	Description	Hours	This Period
07/27/2018	15	27.5 PER HOUR	***1,656.18						
Pay Day:	Pay Period:	Pay Rate:	NET PAY:						
07/27/2018	15	27.5 PER HOUR	***1,656.18						
				Deductions / Miscellaneous Items					
Description	This Period	Year-To-Date	Description	This Period	Year-To-Date	Description	This Period	Year-To-Date	Description
SALARY	80	2,200.00	FED WH	226.30	3,394.50	HEALTH INSURANC	0.00	0.00	
SALARYII		0.00	SOC SEC TAX	136.40	2,046.00				
		0.00	MEDICARE TAX	31.90	478.50				
			STATE INCOME TAX	149.21	2,238.15				
				Taxes					
				Total Taxes					
				Total Deductions					
				Total Earnings					

CENTER FOR ARTS AND MEDIA 612 B LAFAYETTE AVE LAUREL, MD 20707

0912

JEREMY RODRIGUEZ
3203 ACCOLADE DR
CLINTON, MD 20735
Employee Number:
Department Number:
Social Security Number: XXX-XX-2603
Withholding Allowances: S2
NET PAY: ***1,656.19
Pay Day: 08/10/2018
Pay Rate: 27.5 PER HOUR
Pay Period: 16

Earnings		Taxes		Deductions / Miscellaneous Items	
Description	Hours	This Period	Year-To-Date	Description	This Period
SALARY	80	2,200.00	35,200.00	HEALTH INSURANC	0.00
SALARYII		0.00			0.00
FED WH		35,200.00	226.30		
SOC SEC TAX		0.00	136.40		
MEDICARE TAX			31.90		
STATE INCOME TAX			149.21		
			2,387.36		

Total Earnings 2,200.00 Total Taxes 543.81 Total Deductions 0.00

CENTER FOR ARTS AND MEDIA 612 B LAFAYETTE AVE LAUREL, MD 20707

0912-

JEREMY RODRIGUEZ
3203 ACCOLADE DR
CLINTON, MD 20735
Employee Number:
Department Number:
Social Security Number: XXX-XX-2603
Withholding Allowances: S2
NET PAY: ***1,656.19
Pay Day: 08/10/2018
Pay Rate: 27.5 PER HOUR
Pay Period: 16

Earnings		Taxes		Deductions / Miscellaneous Items	
Description	Hours	This Period	Year-To-Date	Description	This Period
SALARY	80	2,200.00	35,200.00	HEALTH INSURANC	0.00
SALARYII		0.00			0.00
FED WH		35,200.00	226.30		
SOC SEC TAX		0.00	136.40		
MEDICARE TAX			31.90		
STATE INCOME TAX			149.21		
			2,387.36		

Total Earnings 2,200.00 Total Taxes 543.81 Total Deductions 0.00

**MARYLAND**
USA

Driver's License



10017FCG7

Family name
RODRIGUEZ

Given names
JEREMY

Address
3203 ACCOLADE DR
CLINTON MD 20735

Date of birth
08/05/1975

Sex
M

Height
6' 00"

Weight
165

Date of exp
08/05/2021

Endorsements

Date of issue
05/15/2018

Classifications
C

ORGAN DONOR

R-362-402-005-613

Customer identifier

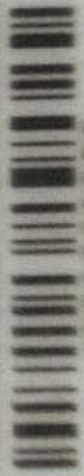
DL



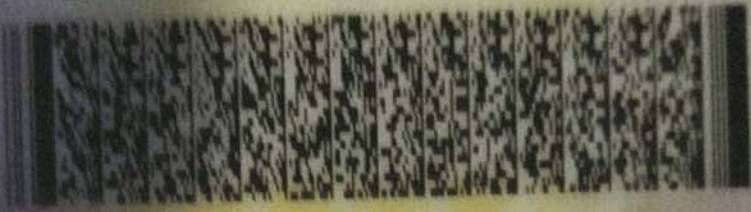
Driving in Maryland implies consent to chemical testing for intoxication as required by law.
Longer license suspensions may result from refusal to be tested.

Class:
C - Noncommercial vehicles weighing 26,000 or less pounds GVWR, EXCEPT motorcycles.

Restriction(s):
NONE



1002720386



MDOT

Maryland Department of Transportation

Current Photo

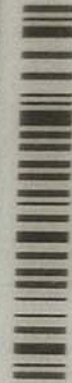
Driving in Maryland implies consent to chemical testing for intoxication as required by law.
Longer license suspensions may result from refusal to be tested.

Class:

C - Noncommercial vehicles weighing 26,000 or less pounds GVWR, EXCEPT motorcycles.

Restriction(s):

B - Corrective Lenses



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MDOT

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of Transportation

Charles Fyfe

