



RENTAL APPLICATION (For Use in Montgomery County, Maryland)

Applicant's Name: NJEMMARA ABBA and, if applicable,
Co-Applicant's Name: _____ ("the Applicant")
Application is made to lease property located at 3328 CASTLE RIDGE DR SS MD
for monthly rental of \$ 2,200 Security Deposit: \$ 2,200
Lease Term: _____ Move-in Date: _____ Move-out Date: _____

A deposit in the amount of \$ _____ (the "Deposit") is to be held by Landlord/Agent with the clear understanding that this Application, including each prospective occupant, is subject to approval and acceptance by owner or his duly authorized property manager. The Applicant has no leasehold interests in the rental property until there is a fully executed lease. In the case of payment by check, the words "Deposit" shall be placed on the check.

Additionally, an Application fee of \$ _____ ("the Application Fee") is to be used by the Landlord/Agent for the credit/consumer check and processing the application with the understanding that this application, including each prospective occupant is subject to Landlord's approval and acceptance. Should the actual cost expended for a credit check or other expenses arising out the Application exceed the amount of the Application fee, a portion of the Deposit shall be applied to pay such excess cost. When so approved and accepted, Applicant agrees 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 three (3) business days after being notified of acceptance and before possession is given.

SPECIAL LEASE REQUIREMENTS: Military/Diplomatic Clause: ☐ Yes ☒ No
Contingencies/Special Equipment: _____

OCCUPANTS: The premises are to be occupied only by the following # of occupants:

Total Number of Occupants: 3 Age: 18
Name: COLIN HILL Age: 9
Name: CAMERON HILL Age: 47
Name: NJEMMARA ABBA Age: _____
Name: _____ Age: _____
Pets: ☐ Dog: Breed: N/A Weight: _____ Total Number of Dogs: _____
☐ Cat: Total Number of Cats: _____ ☐ Other: N/A How many pets total? _____

AUTOMOBILES, MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS:

Total Number of Vehicles: 2 State: MD
Type/Make: 2015 BMW 428xi Year: 2015 Tag #: _____ State: MD
Type/Make: 2005 FORD ESCAPE Year: 2005 Tag #: _____
Are any of the above commercial vehicles? If so, which ones? _____

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.**

In compliance with federal fair housing regulations, the Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State of Maryland, District of Columbia or local jurisdiction law.

For Office Use Only: Date _____
Application Received by Agent/Broker: _____

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GCAAR # 1204 MC - Rental Application
(Previously form # 1204)
Taylor Properties, 175 Admiral Cochrane Dr suite 112 Annapolis, MD 21401
Phone: (443)600-1554 Fax: _____

Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.ziplogix.com

Application

Please Print Legibly:

Applicant's Name: NJEMMARA ABBA
Birth Date: 8/28/1971 SS#: 214-13-1568
Driver's License # or Government-Issued ID #: A-100-631-576-670 State: MD
Home Phone: 240-281-6701 Temporary Local # (if applicable):
Office Phone: 202-697-3073 Mobile Phone: 240-281-6701
E-mail Address: njabba@yahoo.com E-mail Address:
Current Address: 902 SNURE RD SS MD 20901
Street City State Zip

☐ Own ☒ Rent Years: 2 Rent/Mortgage Payments: \$ 1850
Present Landlord/Agent: FRANK MORTINO Phone: 301-299-5237
Reason for moving:
Have you ever paid late? ☐ Yes ☒ No If yes, Explain
Have you ever been evicted? ☐ Yes ☒ No If yes, Explain

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.)

Previous Address: 14904 McKISSON CT SS MD 20906
Street City State Zip
Landlord/Agent's Name: HEIDI LEI Phone:
From (Date): 2012 To: 2015 Monthly Rent: \$ 1500.00

Previous Address: _____
Street City State Zip
Landlord/Agent's Name: _____ Phone:
From (Date): _____ To: _____ Monthly Rent: \$ _____

Current Employer: TRC
Position: FACILITY ADMINISTRATOR How Long: _____
Address: GAITHERSBURG MD 20877
Street City State Zip
Supervisor: TEE TRAN Supervisor's Phone: 202-290-7819

CURRENT GROSS ANNUAL INCOME:

Base Pay: \$ 100K
Overtime: \$ _____
Bonuses: \$ 15K

Commissions: \$ _____
Dividends: \$ _____
Other: \$ _____
TOTAL: \$ _____

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

Previous Employer: _____ How Long: _____ Gross Income: \$ _____
Position: _____
Address: _____ City State Zip
Street
Supervisor: _____ Supervisor's Phone: _____

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.

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Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

6/2012

Application

Please Print Legibly:

Co-Applicant's Name: _____
Birth Date: _____ SS#: _____
Driver's License # or Government-Issued ID #: _____ State: _____
Home Phone: _____ Temporary Local # (if applicable): _____
Office Phone: _____ Mobile Phone: _____
E-mail Address: _____ E-mail Address: _____

Current Address: _____
Street City State Zip

☐ Own ☐ Rent Years: _____ Rent/Mortgage Payments: \$ _____
Present Landlord/Agent: _____ Phone: _____
Reason for moving: _____
Have you ever paid late? ☐ Yes ☐ No If yes, Explain _____
Have you ever been evicted? ☐ Yes ☐ No If yes, Explain _____

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.)

Previous Address: _____
Street City State Zip

Landlord/Agent's Name: _____ Phone: _____
From (Date): _____ To: _____ Monthly Rent: \$ _____

Previous Address: _____
Street City State Zip

Landlord/Agent's Name: _____ Phone: _____
From (Date): _____ To: _____ Monthly Rent: \$ _____

Current Employer: _____

Position: _____ How Long: _____

Address: _____
Street City State Zip

Supervisor: _____ Supervisor's Phone: _____

CURRENT GROSS ANNUAL INCOME:

Base Pay: \$ _____
Overtime: \$ _____
Bonuses: \$ _____

Commissions: \$ _____
Dividends: \$ _____
Other: \$ _____
TOTAL: \$ _____

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

Previous Employer: _____

Position: _____ How Long: _____ Gross Income: \$ _____

Address: _____
Street City State Zip

Supervisor: _____ Supervisor's Phone: _____

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.

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APPLICANT / CO-APPLICANT:**HOUSING ASSISTANCE PROGRAM:**Are you participating in a Housing Assistance Program? ☐ Yes ☒ No If yes, please complete info below:

Jurisdiction: _____

Amount: \$ _____

Attach appropriate documentation.

ASSETS:

Checking Account: \$ _____	Bank: <u>NFCU</u> _____
Savings Account: \$ _____	Bank: <u>NFCU</u> _____
Credit Union: \$ _____	Name: <u>NFCU</u> _____
Other Assets: \$ _____	(Specify) _____
TOTAL: \$ _____	

LIABILITIES: (Auto Loans, Mortgages, Credit Cards, Bank Loans, Installment Loans, Student Loans, Child Support, Alimony etc.)

Creditor	Total Due	Monthly Terms
<u>VARIOUS</u>	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

Have you ever filed for bankruptcy? ☐ Yes ☒ No If yes, Discharge Date: _____Do you have a suit for judgments against you? ☐ Yes ☒ NoAre you obligated to pay ☐ or receive ☒ child support or pay ☐ or receive ☐ alimony?

If so, indicate monthly payment: \$ _____

APPLICANT: Citizen of (Country): USA Passport #: _____Emergency Contact: SAMIR ABBA Relationship: BROTHER
Address _____ Phone: 202-415-5043

CO-APPLICANT: Citizen of (Country): _____ Passport #: _____

Emergency Contact: _____ Relationship: _____
Address _____ Phone: _____**LOCAL REFERENCES:**

Name: <u>SAMIR ABBA</u>	Relationship: <u>BROTHER</u>
Address: <u>THE SOLAIRE APTS SS MD 20910</u>	Phone: <u>202-415-5043</u>
Name: <u>ANISHA ABBA</u>	Relationship: <u>SISTER</u>
Address: <u>722 STAMFORD DR BALTIMORE MD</u>	Phone: <u>410-800-2872</u>

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THE FOLLOWING PARAGRAPHS ARE REQUIRED IN MONTGOMERY COUNTY, MARYLAND:

1. In the event the Application is approved, but the Applicant **FAILS FOR ANY REASON TO SIGN A LEASE WITHIN THE TIME PROVIDED HEREIN**, then the Landlord/Agent **SHALL BE ENTITLED TO RETAIN ALL OR A PORTION OF THE APPLICATION FEE AND/OR RETAIN A PORTION OF THE DEPOSIT** as specified herein. The balance of the Application Fee and/or Deposit, if any, shall be returned to applicant within fifteen (15) days following the date of occupancy or 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 Application Fee and/or Deposit less that portion of the Application Fee actually expended by Landlord/Agent for a credit check or other expenses arising out of the Application shall be returned to the applicant within fifteen (15) days of such action. If Landlord/Agent requires from an Applicant any fees other than a security deposit in excess of \$25.00, Landlord/Agent shall return the fees subject to the provisions above or Landlord/Agent shall be liable to Applicant for twice the amount of the fees collected.
2. The provisions of the foregoing Paragraph 1 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.
3. I certify that I have received and carefully examined a sample of the lease and any addenda. I agree that I 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. The applicant hereby waives any claim for damages for reason of non-acceptance of this application.
4. Should I sign a lease for the above-referenced property 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 will be as prescribed by Maryland Law. 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 a list of all existing damages.

ELECTRONIC SIGNATURES: In accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic Signatures in Global and National Commerce Act, or E-Sign (the Act), and other applicable local or state legislation regarding Electronic Signatures and Transactions, the applicant(s) do hereby expressly authorize and agree to the use of electronic signatures as an additional method of signing and/or initialing this application and/or any future contracts or addenda. The applicants hereby agree that either party may sign electronically by utilizing a digital signature service.

Applicant: NMA NMA Co-applicant: _____



AUTHORIZATION TO RELEASE INFORMATION:

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 through 6 of this application and that my answers to the questions on this application are true and correct to the best of my personal knowledge, information and belief and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

Upon demand made by Listing Broker/Landlord, at any time during the applicant's tenancy or thereafter, Listing Broker/Landlord is hereby authorized to release any information contained in this application to any consumer reporting agency, credit bureau, or other investigative agencies.

The Applicant hereby authorizes Listing Broker/Landlord to order and obtain a credit/consumer report. I hereby authorize the owner or owner's agent to whom this Application is made and any credit bureau or other investigative agency used by such owner or owner's agent to investigate and to report and disclose to the owner and the owner's agent the results of the references herein listed, statements and other data obtained from me or from any other person pertaining to **my credit, employment, rent history and financial responsibility**. 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 applicant hereby authorizes the Listing Broker to forward and disclose all or any portion of the information contained in the credit/consumer report to the Landlord, another Broker or other party directly or indirectly involved. The applicant hereby releases Listing Broker/Landlord from any liability whatever for rejection of this application due to credit information or any other reason." 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.

I 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 further understand that the lease **MUST BE SIGNED BY THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID.**

PRINT NAME: NJEMMARA ABBIA

APPLICANT SIGNATURE: [Signature] Date: 12/29/18

PRINT NAME: _____

CO-APPLICANT SIGNATURE: _____ Date: _____

Date: _____ Check: \$ _____ Cash: \$ _____

Leasing Broker: _____ Broker Code: _____

Address: _____ Phone: _____

Leasing Agent: _____ Phone: _____

License #/State: _____ / _____ MRIS # _____

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