

APPLICATION FOR TENANCY

Applicant (Full Name) Michael Koehlerschmidt

Date of Birth 3/22/52 **Social Security Number** 213-62-5490

Present Address 1701 Morrell Park **City** Baltimore **State** MD **Zip Code** 21030

How Long at Present Address 5 years **Residence Ph. #** _____ **Business Ph. #** _____

Monthly Rental Payment \$ 500 **Landlord** _____ **Phone** _____

Reason for Leaving Present Address water Damage **Landlord Fax #** _____

Previous Address _____ **City** _____ **State** _____ **Zip Code** _____

Previous Landlord _____ **Phone #** _____

Marital Status: ☐ Married ☒ Unmarried ☐ Separated **No. of Dependents** _____ **Ages** _____

Driver's License Number K-462-603-507-232 **Issued by State of** MD

Employer (Business Name & Type) United States Water Mattress **No. of Years** 20+ years

Supervisor _____ **Monthly Income \$** 3700 **Fax #** _____

Previous Employer (Business Name and Address) _____ **No. of Years** _____

Additional Income & Source* Social Security

Co-Applicant (Full Name) Betty Drury

Date of Birth 12/11/60 **Social Security Number** 212-80-8730

Present Address 1701 Morrell Park **City** Baltimore **State** MD **Zip Code** 21030

How Long at Present Address 5 years **Residence Ph. #** _____ **Business Ph. #** _____

Monthly Rental Payment \$ 500 **Landlord** _____ **Phone** _____

Reason for Leaving Present Address water Damage **Landlord Fax #** _____

Previous Address _____ **City** _____ **State** _____ **Zip Code** _____

Previous Landlord _____ **Phone #** _____

Marital Status: ☐ Married ☒ Unmarried ☐ Separated **No. of Dependents** _____ **Ages** _____

Driver's License Number _____ **Issued by State of** _____

Employer (Business Name & Type) _____ **No. of Years** _____

Supervisor _____ **Monthly Income \$** 770 **Fax #** _____

Previous Employer (Business Name and Type) _____ **No. of Years** _____

Additional Income & Source* Social Security

***NOTE:** Alimony, child support, or separate maintenance income need not be revealed if the Applicant or Co-applicant does not choose to have it considered as a basis for paying the rent obligation.

ASSETS:

| Name and Branch Office Address of All Accounts | Account Number | Current Balance |
|--|----------------|-----------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Automobiles, Boats, Motorcycles:

| Type | Make | Year | License No |
|------|------|------|------------|
| | | | |
| | | | |
| | | | |

Other Assets (describe) _____

LIABILITIES AND ESTABLISHED CREDIT:

List all current debts (if no credit accounts, give references of previous credit). List alimony or child support payments as a debt.

| Name and Address of Creditor | Account Number | Monthly Payment | Months Remaining | Approx. Balance |
|------------------------------|----------------|-----------------|------------------|-----------------|
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |

Do you have outstanding (unpaid) judgements? ☐ Yes-if yes, explain below ☒ No

In the last 7 years, have you been declared bankrupt? ☐ Yes-if yes, explain below ☒ No

Other Liabilities (describe)

The following individuals will occupy the property (include ages, if minors):

Michael, Betty, Will

Do you have any pets? NO How many? _____ What kind? _____
Weight(s) _____

Do any occupants smoke? yes

Have you or any individual identified above ever been convicted of a felony crime in any federal or state court?
____ Yes ☒ No If yes, please attach specific information regarding such felony conviction, including the date of such conviction; the charge for which convicted; the sentence imposed, whether the sentence has been completed and, if the sentence has not been completed, specify the sentence requirements which remain to be completed.

IN CASE OF EMERGENCY please notify Will
Phone: _____ Cell Phone: 443-682-8353

CONSUMER REPORT AUTHORIZATION:

I(we) authorize you to secure, from a consumer reporting agency, an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, verification of my residences, employment and income. I(we) authorize the consumer reporting agency, to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I(we) release all concerned from any liability in connection with any information they give. I(we) have also been advised that I(we) have the right, under the Federal Fair Credit Reporting Act (FCRA), Section 606 (B), to make a written request of the consumer reporting agency, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I(we) acknowledge that I (we) may obtain from a consumer reporting agency, the summary of consumer rights required by Section 609 of the FCRA, entitled: *A Summary of Your Rights Under the Fair Credit Reporting Act*.

A consumer report fee of 12.5 (per name) is required with this application and is *not* refundable.
\$ 25

I(we) hereby affirm that my answers on this Application for Tenancy are true and correct and that I(we) have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. Any false information contained in this application, when discovered, shall be deemed cause for rejection of this application and immediate termination of any subsequent lease or rental agreement.

The above information is presented with the understanding that it may be used as a basis for the acceptance of a lease by the property owner or manager. I(we) certify that all information contained herein is true and correct and hereby authorize verification of same. I(we) hereby authorize disclosure of the information contained herein to the property owner, manager or rental agency (if any), and the credit reporting bureau. I(we) hereby authorize disclosure of the information contained in any consumer report obtained to the property owner, manager or rental agency.

Michael Koehn
Applicant

12/21/18
Date Co-applicant

Betty Drury 12/21/18
Date

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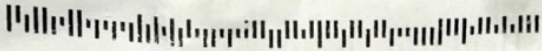
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SOCIAL SECURITY
1010 PARK AVE
SUITE 200
BALTIMORE MD 21201

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: November 25, 2018
Claim Number: 212-80-8730 DI



0370880 00370880 1 AV 0.378 CN6LNA T1294 P24
COLA M04 11/18 273 18S1709B44051
BETTY D DRURY
2036 GRINNALDS AVE
BALTIMORE MD 21230-1509

SSN
212-80-8730

We plan to increase your monthly Supplemental Security Income (SSI) payment from \$750.00 to \$771.00 beginning January 2019. The amount will change because the cost of living increased during the past year. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Your Payments

Your bank or other financial institution will receive your monthly payment of \$771.00 around January 1, 2019, and on the first of each month after that.

If You Work Or Want To Return To Work

Ticket to Work is a voluntary program that helps people getting disability benefits go to work. Employment networks or your State vocational rehabilitation agency can help you find, prepare for, and keep a job. If you join this program, there is no cost to you. We may also set aside review of your medical condition. You can find a list of service providers, benefits and work incentives counselors, and get your questions answered by contacting the Ticket to Work helpline at 1-866-968-7842 (TTY 1-866-833-2967). You also can visit <https://choosework.ssa.gov/findhelp/> online.

See Next Page

SSA-L8151

M370880 *0401UM8XN025685* CN6LNA 181118 0000000000000000

SOCIAL SECURITY ADMINISTRATION

Date: November 29, 2018
BNC#: 18BC676A94241
REF: A

MICHAEL L
KOEHLERSCHMIDT
2036 GRINNALDS AVE
BALTIMORE MD 21230-1509

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2018, the full monthly
Social Security benefit before any deductions is.....\$ 1382.20

We deduct \$135.50 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 1246.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

Date of Birth Information

The date of birth shown on our records is March 22, 1952.

Other Important Information

\$559.00 DEDUCTED FOR AN OVERPAYMENT 11/2018

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud
Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

UNITED STATES
WATERMATTRESS



213-62-5490

SSN

521314185

UNITED STATES WATERMATTRESS 2018
1700 MORRELL PARK AVE.

BALTIMORE, MD 21230

20674.24

589.50

20674.24

1281.80

20674.24

299.77

0.00

MICHAEL

KOEHLERSSCHMIDT

2036 GRINNALDS AVE
BALTIMORE, MD 21230

MD 02780043

20674.24

669.88

X

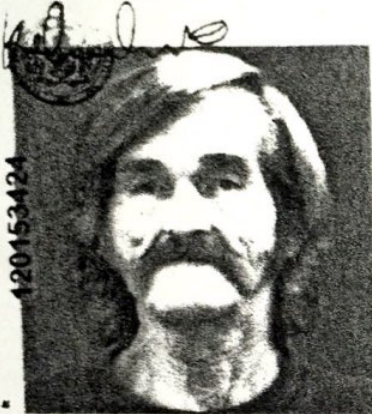


Class
C

Driver's License

Maryland

LIC #: K-462-603-507-232



MICHAEL LEONARD KOEHLERSCHMIDT

2036 GRINNALDS AVE
BALTIMORE MD 21230



Koehlerschmidt

BIRTH DATE: 03-22-1952

EXPIRES: 03-22-2019

Sex: M HT: 6-00 WT: 155

Restr: Type: R

Issue Date: 06-27-2014

03-22-1952