



RENTAL APPLICATION (For Use in Washington, DC)

Applicant's Name: Andrea Uribe	and, if applicable,
Co-Applicant's Name: Echardo Uribe	("the Applicant")
Application is made to lease property located at 2401 H Street, NW #405, Washington, DC,	20037
for monthly rental of \$ 1,975.00 Lease Term: 12 Months Move-in Date: August 16, 2018 Move-out Date: T	
Move-out Date: <u>August 16, 2018</u> Move-out Date: <u>T</u>	BD
A deposit in the amount of \$\frac{1,975.00}{}\$ (the "Deposit") is to be held by Lar understanding that this Application, including each prospective occupant, is subject to approval and acce authorized property manager. The Applicant has no leasehold interests in the rental property until there the case of payment by check, the words "Deposit" shall be placed on the check.	ptance by owner or his duly
Additionally, an Application fee of \$\frac{38/Applicant}{2000}\$ ("the Application Fee") is to be used the credit/consumer check and processing the application with the understanding that this application, occupant is subject to Landlord's approval and acceptance. Should the actual cost expended for a cred arising out the Application exceed the amount of the Application fee, a portion of the Deposit shall be cost. When so approved and accepted, Applicant agrees to execute a lease and to pay any balance due or the first month's rent (as required by Landlord) within three (3) business days after being notified of accept is given.	including each prospective dit check or other expenses applied to pay such excess a the security denosit and/or
SPECIAL LEASE REQUIREMENTS: Military/Diplomatic Clause: Yes Ontingencies/Special Equipment:	
OCCUPANTS: The premises are to be occupied only by the following # of occupants: Total Number of Occupants: Name: Andrea Unbe Name: Yulin A Abdul manda	Age: <u>Z i</u>
N7	
Pets: Dog: Breed: Weight: Total Number of Dogs:	Age.
Pets: Dog: Breed: Weight: Total Number of Dogs: Cat: Total Number of Cats: Other: How ma	nny pets total?
AUTOMOBILES, MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS:	pota totali.
Total Number of Vehicles:	
Type/Make: Year: Tag #:	State:
Type/Make: Year: Tag #: Are any of the above commercial vehicles? If so, which ones?	State:
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, driveway (not in fire lanes or on the lawn), OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNE	s, if provided, on the street
In compliance with federal fair housing regulations, the Property shall be made available to all prace, color, religion, national origin, sex, physical or mental handicaps, familial status or any adspecified by State of Maryland, District of Columbia or local jurisdiction law.	persons without regard to
For Office Use Only: Date 6.7/21/18 Application Received by Agent/Broker: Sack Cohen	
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6/2012

BWP #405

GCAAR # 1204, DC - Rental Application Previous entitions of the (Previously form # 1204)

Taylor Properties, 175 Admiral Cochrane Drive #111 Annapolis, MD 20401
Phone: (301) 320-3400 Fax: Jack J. Cohen

Please Print Legibly:							
Applicant's Name: And	irea Uribe		W. W. W. W.				
Birth Date: <u>08/02</u>	/ 96			342-49-52			
Driver's License # or Ġ	overnment-Issued II)#: <u>U610</u>	-000-96-73	2-0	State	: Florid	a
Home Phone: (541) Office Phone:	1602-9818		Temporary I	ocal # (if applica	able):	-	
Office Phone:			Mobile Pho	ne:			
E-mail Address: <u>and</u>	rea. Uribe 2.	Damail	. Com E-mail Addr	ess:			
Current Address:		9					
	Street		City			State	Zip
Own Rent	Years:	R	ent/Mortgage Paym	ents: \$ 14,00	ા		
Own Rent Y Present Landlord/Agen Reason for moving: N	it: Great Great	rge u	Dashington	University	_ Phone:		
Have you ever paid late							
Have you ever been evi							10110-101
riavo you ever been evi	iotod: [] Tes [] [1]	O 11 J Co, 152					
List all previous addr e	esses for the last five	e vears incl	uding period of stay	in each and the	name and	telephone i	number of Landlord
Agent from whom you						totophono	iamber of Bandiola
Previous Address: 40	901 Valley Fiel	d dr	Oldsmar		F	7	34677
-	Street	·	City			State	Zip
Landlord/Agent's Name	e: Eduardo l)ribe			Phone:	541 - 2	274-4992
Landlord/Agent's Name From (Date):		To:		Monthly Re	ent: \$	-	
				······································			
Previous Address:			***************************************				
	Street		City			State	Zip
Landlord/Agent's Name From (Date):	e:				_ Phone:		
From (Date):		To:		Monthly Re	ent: \$		
Cumont Employees							
Current Employer:		·	***	77T			
Position:				How Long:			
Address:	Street		City		State		Zip
Supervisor:			•	Super			
				Super	V1301 3 1 110)IIC	
CURRENT GROSS A	NNUAL INCOME	:		Commissions:	\$		
		ę.		Dividends:	\$		', ', ', ', ', ', ', ', ', ', ', ', ', '
Overtime: \$				Other:	\$		
Bonuses: \$				TOTAL:	¢		
Φ.				TOTAL.	Ψ		···
If employed less than o	ma tianr with aumant	ammlarian	aina menujana ampla	······································			
ii empioyed iess man o	me year with current	employer,	give previous empio	yment informatic	311:		
Duantona Frantais /	<u> </u>	. No. ()	110"				
Previous Employer: 1 Position: Studen	neorge un	oning to	où numerzi	<u>ry</u>	a		
Address: Dtiller	1 		How Long:		Gross Inc	ome: \$	-
Address:	Street		City		State		7in
Supervisor:			•	·O 1			Zip
Supervisor.				Super	visor's Pho	one:	

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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Please Print Legibly:	-1-11-1	_		
Co-Applicant's Name:	W Chi	se		
Birth Date: 06/04/64	SS#:	544-	33-2526.	
Driver's License # or Government-Issued ID #:	1610-200-0	54 - 204 -	O State: FL	
Home Phone:	Temporary	Local # (if application	able):	,
Office Phone:	Mobile Ph	one: (SYI)	224-4992	.*
E-mail Address: educato. Urise @	no ComE-mail Add	lress:		
Current Address: 4901 Valley Fig.		smar	FI	74677
Street	City	<u> </u>	State	34677 Zip
		000		Z.p
Own Rent Years: Z	Rent/Mortgage Payr	nents: \$ <u>\$\O\</u> -	······································	
Present Landlord/Agent:			Phone:	
Reason for moving: Health.				
Have you ever paid late? Yes No If yes, I	Explain			
Have you ever been evicted? Yes No If ye	s, Explain			
List all previous addresses for the last five years	including period of sta	y in each and the	name and telephone	number of Landlord/
Agent from whom you rented. (Use additional she	• •	•	•	
•			~	7
Previous Address: Scy Harbar [Landlord/Agent's Name: THT Boot From (Date): July 7014 To:)c. East L	ake	I-L	<u> </u>
Street	City		State	Zip
Landlord/Agent's Name: I HT Loot	- Ideach.		Phone:	•
From (Date): 301 701 To:	Dec 2015	Monthly R	ent: \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(2700	1110	<u> </u>	~~ ~~:	77.7
Previous Address: 62+0 SW	Chestrut Dr. City	Comallis	' OB' 24.	333
Street	City		State	Zip
Landlord/Agent's Name: Owned.	•			•
From (Date): 2006 To:	2014	Monthly R	_ Phone; ent: \$ \$00. _	
11 1110	1. 0			
Current Employer: Lewlett Pa	ckad.			
Position: CDC10007		How Long	26400	 5.
Address: 1000 Circle Blud.	Corvallia.	OR	97330	
Street ,	City		State	Zip
Supervisor: Jell Thomas.		Super	visor's Phone:	
40		_		
CURRENT GROSS ANNUAL INCOME:		Commissions:	\$	
Base Pay: \$ 130,000		Dividends:	\$	
Overtime: \$		Other:	\$	
Bonuses: \$		TOTAL:	\$ 130.000	
If employed less than one year with current emplo	vor olvo rroviovo omn	aumant informati	07.	
if employed less than one year with current emplo	yer, give previous emp	Oyment miormad	OII.	
Previous Employer:				
Position:	How Long:		Gross Income: \$	
Address: Street	City		State	Zip
	City			Σih
Supervisor:		Super	visor's Phone:	
				•
IF EMPLOYER REFUSES to verify applicant's	employment by phone,	it shall become th	e responsibility of th	e 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.		
Attach appropriate documentation,		
ASSETS:		
	Bank;/	
Savings Account: \$ /	Bank:	
Credit Union: \$	Name: First Tech /	
Other Assets: \$ \\ \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\)	(Specify) Restal Property	
TOTAL: \$ 190,000		
CANDITION OF THE PARTY OF THE P	To a thin or and a second of the second of t	
LIABILITIES: (Auto Loans, Mortgages, Credit Cards, Bank Loar	is, Installment Loans, Student Loans, Child Support, Alimony e	etc.)
Creditor Total Due	Monthly Terms,	
15,000/ s Chase /	\$ 12000 Ung Osedit.	
103,000/ \$ First lech /		
1-600/ \$ Co-loca /		
\$00.1 \$ Carloa 1	\$ Fidelity	
\$	\$/	
\$		
TOTAL: \$ /	\$\$	
101πε. ψ		
Have you ever filed for bankruptcy? Yes No If yes, D. Do you have a suit for judgments against you? Yes No No Are you obligated to pay or receive child support or pay I f so, indicate monthly payment: \$ APPLICANT: Citizen of (Country): USA	or receive alimony?	
•		
Emergency Contact: Edvardo Uribe Address 4901 Valley Field dr. Oldsmar, F	Relationship: Father	
Address 4901 Valley Field dr. Oldsman, F	L 34677 Phone: Syl-224-490	97
CO-APPLICANT: Citizen of (Country): USA.	and the second s	
Emergency Contact: 171 CC Co Urise	Relationship; Orother.	
Emergency Contact: Ricado Urise Address 106 San Tomas St. Sunnyu	12, CA, 94085. Phone:	
,		
LOCAL REFERENCES:		
Name:		
Address:	Phone:	
Nama	D. L.C L.	
Name:	Relationship:Phone:	
Address:	Pnone:	

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THE FOLLOWING DISCLOSURES ARE REQUIRED BY THE DISTRICT OF COLUMBIA:

1.	The housing accommodation is X rent-controlled exempt from rent control.		
2.	A copy of the current business license is attached.		
3.	The undersigned acknowledge(s) having been shown the Registration/Claim of Exemption form and having been offered a		
4.	copy of the form for the undersigned.		
4.	The housing accommodation is registered as - (check as applicable) 🗵 condominium 🗌 cooperative 🔲 is converting		
5.	to a condominium or cooperative or non-housing use.		
5. 6.	The owner of the housing accommodation is Bernard Ehrlich The amount of the non-refundable application fee is \$ 38/Applicant . The amount of the initial security deposit is		
0.	The amount of the non-refundable application fee is \$ 38/Applicant . The amount of the initial security deposit is \$ 1,975.00 . The amount of the security deposit cannot exceed the first full-month of rent. For any tenancy		
	of twelve months or longer, interest on the security deposit shall accrue at the passbook rate prevailing in the DC financial		
	institution in which the funds are held, which rate is re-set every six months (1st of January and 1st of July). Within forty		
	five days after the termination of the tenancy, the housing provider will either (a) return the security deposit plus any		
	interest to the tenant or (b) notify the tenant of the intent to withhold the deposit for defraying expenses incurred pursuant		
	to the lease. If the housing provider intends to withhold the deposit, then within thirty days after notice to that effect the		
	housing provider will give the tenant an itemized statement of the expenses to which the deposit was applied and refund		
	any remaining balance to the tenant.		
7.	The applicable rent for the unit at the date of this disclosure is \$ 1,975.00		
8.	The undersigned acknowledge(s) having been shown all Housing Violation Notices issued by the Department of Consumer		
	and Regulatory Affairs within the last twelve months and any Notices issued earlier but still outstanding, and having been		
	offered copies.		
9.	The following petitions or proceedings are pending that could affect the rental unit, whether the rent charged, the services		
	and facilities provided or other matters: Case Number N/A Type of Petition/Proceeding		
10	N/A		
10.	The following surcharges (rent increases that will subsequently be rescinded) are in effect for the rental unit: Case Number Type of Surcharge Amount of Surcharge Date of Rescission		
	Case Number Type of Surcharge Amount of Surcharge Date of Rescission N/A		
	N/A		
11.	Except for a rent increase upon vacancy, the rent charged a rental unit under rent control may be increased no more		
	frequently than once every twelve months.		
12.	The undersigned acknowledge(s) having been shown the most recent Notice of Change Form filed pursuant to section		
	205(g)(1)(C) of the Act, relating to change of ownership, management, or services and facilities, and having been offered a		
	copy.		
13.	The undersigned acknowledge(s) receipt of a pamphlet published by the Rent Administrator explaining the Act and any		
	regulations under the Act as they relate to implementation of rent increases and petitions permitted to be filed by housing		
	providers and tenants.		
mi			
I ne	undersigned acknowledge(s) receipt of this disclosure form, the attachment and the pamphlet published by the Rent ninistrator (http://newsroom.dc.gov/file.aspx/release/9439/Rent%20Control%20Pamphlet%208.04.06.pdf). The		
undersigned acknowledge(s) having been shown the other documents, having been offered copies of those documents and having received any copies of documents requested by the undersigned as set forth above.			
Man A	And received any copies or documents requested by the undersigned as set torus above.		
Initials: AU 1			
EC.	FRONIC 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.

40,7/21/8 Co-applicant: EU.,7/22/18

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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 BOTH THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID.

PRINT NAME: Andrea Uribe	
APPLICANT SIGNATURE: AM	Date: 07/21/18
PRINT NAME: Andrea Unidor	•
CO-APPLICANT SIGNATURE: ZOUGO UULC	Date: 7/27/18.
Date: 07/21/18 Check; \$	Cash: \$
Leasing Broker: Taylor Properties	Broker Code: TAYL1
Address: 175 Admiral Cochran Drive #175 Annapolis, MD	21401 Phone: (301) 970-2447
Leasing Agent: Jack J. Cohen	Phone: (301)320-3400
License #/State: DC SP91607 /	MRIS# <u>1850</u>

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