



RENTAL APPLICATION

(For Use in Montgomery County, Maryland)

Applicant's Name: GODFREY S GARRETT and, if applicable,
 Co-Applicant's Name: TIFFANY GARRETT ("the Applicant")
 Application is made to lease property located at 19453 RAYFIELD DR, GERMANTOWN, MD 20874
 for monthly rental of \$ 2,050.00 Security Deposit: \$ 2,050.00
 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 \$ 50.00 / person ("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: 6
 Name: Godfrey Garrett Age: 38
 Name: Tiffany Garrett Age: 40
 Name: Taw Brown Age: 13
 Name: Jurnee Garrett, Logan Garrett, Noah Garrett Age: 7, 2, 2
 Pets: ☐ Dog: Breed: _____ Weight: _____ Total Number of Dogs: _____
☐ Cat: Total Number of Cats: _____ ☐ Other: _____ How many pets total? 8

AUTOMOBILES, MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS:

Total Number of Vehicles: 2
 Type/Make: Acura Rdx Year: 2015 Tag #: 8CT9436 State: Maryland
 Type/Make: Nissan Rogue Year: 2011 Tag #: DV7300 State: Maryland
 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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Taylor Properties, 175 Admiral Cochrane Dr/ Suite 111 Annapolis MD 21401
 Phone: 301.318.5959 Fax: 301.610.0776 Jennifer Drennan

GODFREY AND

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

Please Print Legibly:

Applicant's Name: **GODFREY S GARRETT**

Birth Date: **3/8/1980**

SS#: **331-70-2255**

Driver's License # or Government-Issued ID #: **G-630-285-758-177** State: **MD**

Home Phone: **N/A**

Temporary Local # (if applicable):

Office Phone:

Mobile Phone: **443-510-7433**

E-mail Address:

E-mail Address: **forever_gt021318@yahoo.com**

Current Address: **7975 Paddock Ct** **Severn** **MD** **21144**
Street City State Zip

☐ Own ☒ Rent Years: **2** Rent/Mortgage Payments: \$ **1472**

Present Landlord/Agent: **Maryland Management** Phone:

Reason for moving: **Lease Ended**

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: **Fort Meade** **20755**
Street City State Zip

Landlord/Agent's Name: **Corvias**

Phone:

From (Date): **Sept 2012** To: **2016** Monthly Rent: \$ **1970**

Previous Address:
Street City State Zip

Landlord/Agent's Name: Phone:

From (Date): To: Monthly Rent: \$

Current Employer: **Imaging Service Solutions**

Position: **Warehouse Manager**

How Long: **10 months**

Address: **4424 John Ave** **Halethorpe**
Street City

MD **21227**
State Zip

Supervisor: **Jose Ions**

Supervisor's Phone:

CURRENT GROSS ANNUAL INCOME:

Base Pay: \$ **36,912**

Overtime: \$

Bonuses: \$

Commissions: \$

Dividends: \$

Other: \$ **42,000**

TOTAL: \$ **78,912**

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

Previous Employer: **Sierra 7**

Position: **Property Administrator** How Long: **5 years**

Gross Income: \$

Address: **11951 Freedom Drive St** **1300** **Reston, VA** **20190**
Street City State Zip

Supervisor: **Gregory Mitchell**

Supervisor's Phone: **202-701-4337**

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:

Co-Applicant's Name: TIFFANY GARRETT

Birth Date: 12-4-77

SS#: 341-66-0493

Driver's License # or Government-Issued ID #: G-630-793-630-924

State: MD

Home Phone: 410-262-8149

Temporary Local # (if applicable):

Office Phone: 301-754-7287

Mobile Phone: 410-262-8149

E-mail Address:

E-mail Address:

Current Address: 8002 Donna Court

Glen Burnie

MD.

21061

Street

City

State

Zip

☐ Own ☒ Rent Years: 10

Rent/Mortgage Payments: \$ 1140.00

Present Landlord/Agent: Village Square Apt / Home Property

Phone: 410-969-1523

Reason for moving: Lease Expired

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: Holy Cross Homecare

Position: Clinical Scheduler

How Long: 9 months

Address: 10720 Columbia Pike Silver Spring

MD. 20901

Street

City

State

Zip

Supervisor:

Supervisor's Phone:

CURRENT GROSS ANNUAL INCOME:

Base Pay: \$ 48,192

Overtime: \$ 11,880

Bonuses: \$

Commissions: \$

Dividends: \$

Other: \$ 5,280 per yr child support

TOTAL: \$ 65,352

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

Previous Employer: Gentiva Homecare

Position: Clinical Scheduler

How Long: 9.5 years

Gross Income: \$ 61,000 per yr

Address: 180 Admiral Cochrane Dr. Annapolis

MD. 21401

Street

City

State

Zip

Supervisor: Sherrill Weirke

Supervisor's Phone: 443-454-4141

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: \$ 4,000 / 6,500

Bank: Capital One / Suntrust Bank

Savings Account: \$ 1,800 / 3,000

Bank: Capital One / Suntrust Bank

Credit Union: \$ _____

Name: _____

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
Navy Fed Auto	\$ 587.36	11th every Mon
GM Financial Auto	\$ 589.76	21st every Mon
Student loan	\$ 510.00	17th every month
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

Have you ever filed for bankruptcy? ☒ Yes ☐ No If yes, Discharge Date: 2015

Do you have a suit for judgments against you? ☐ Yes ☒ No

Are you obligated to pay ☐ or receive ☒ child support or pay ☐ or receive ☐ alimony?

If so, indicate monthly payment: \$ 1,845 per month

APPLICANT: Citizen of (Country): United States Passport #: _____

Emergency Contact: Billie Garrett Relationship: Mother
Address: Richmond, VA. Phone: 804-301-2147

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

Emergency Contact: Feedrica Smith Relationship: Mother
Address: Tulsa, OK. Phone: 918-808-7608

LOCAL REFERENCES:

Name: Kimberly Kirk Relationship: Friend
Address: Edgewater, MD. Phone: 410-320-2919

Name: Martina Dicks Relationship: Friend
Address: Glen Burnie, MD. Phone: 443-694-9361

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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:  / 10-3-18 Co-applicant:  / 10/3/18

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: GODFREY S GARRETT

APPLICANT SIGNATURE: *Godfrey Garrett* Date: 10-3-18

PRINT NAME: TIFFANY GARRETT

CO-APPLICANT SIGNATURE: *Tiffany* Date: 10/3/18

Date: September 30, 2018 Check: \$ _____ Cash: \$ _____

Leasing Broker: TAYLOR PROPERTIES Broker Code: TAYL1
Address: 175 ADMIRAL COCHRANE DR SUITE 111 ANNAPOLIS, MD 21401 Phone: (301) 970-2447

Leasing Agent: JENNIFER DRENNAN Phone: (301) 318-5959

License #/State: 617937 /MD MRIS # 142685

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