



2885 Sweetbay Street * Waldorf, MD 20603 * 240-823-9199 Direct * 240-823-9199 Fax

Please submit the following documents with rental applications:

- 1. 3 most recent paystubs**
- 2. Application Fee is \$50.00 for single and \$75.00 for joint**
- 3. Copy of Driver's License**
- 4. Completed Rental Application**

Application Packets can be faxed to 240-823-9199 or email to shelleyc.realtorpro@gmail.com. Application fees must be in the form of money order/cashier's check/via mobile cash app. Applications will not be processed until application fees have been received.



LEASE APPLICATION

TENANT MUST COMPLETE ALL PARTS COMPLETELY

Application Date: 8/30/18

This application is made to lease the premises known as 3236 Byron Ct Waldorf, Md
 for the TOTAL rent of \$ 1500 payable monthly in advance on the first day of each month on
 the following terms:

Monthly Rent: \$ 1500

Start Date: _____

Security Deposit: \$ 1,500

End Date: _____

Lease Term: 2 years

OCCUPANTS

Number of Adults: 3 Number of Children: 0

Name: Kimberly Mendoza Age: 51 Relationship: _____

Name: Sasha Mendoza Age: 20 Relationship: daughter

Name: Joseph Hancock Age: 23 Relationship: nephew

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

SMOKING

Do any occupants smoke (check one) ☐ YES or ☒ NO

APPLICANT INFORMATION

Applicant's Name: Kimberly Mendoza Birth Date: 6/5/67 SSN: 579-04-7272

Driver's License #: M-532-469-564-422 State: Maryland

Home Phone #: _____ Cell Phone #: 240-412-8669

Current Address: 11667 Heart River Ct Waldorf, MD 20602

APPLICANT CURRENT ADDRESS INFORMATION

Do you currently (check one) ☒ OWN or ☐ RENT Number of Years at Current Address: 9

Current Monthly Rent/ Mortgage Payment: \$ _____

Current Landlord's/ Agent's Name: _____

Current Landlord's/ Agent's Phone #: _____

Have you given your current Landlord/ Agent notice of your intention to vacate? (check one) ☒ YES or ☐ NO

Already vacant

Reason for vacating: State took it (property taxes)

List all previous addresses, prior to your current address, 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: _____

Landlord's/ Agent's Name: _____ Landlord's/ Agent's Phone #: _____

Address: _____ From: _____ To: _____

Landlord's/ Agent's Name: _____ Landlord's/ Agent's Phone #: _____

APPLICANT EMPLOYER INFORMATION

Applicant's Employer: Charles county public schools Position: Instructional assistant

Address: 5998 radiosation Rd laplata MD 20646 Employed Since: 2008 2018

Supervisor's Name: Mrs. Burns Phone #: 301-934-3884

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

Previous Employer: Charles county public schools Position: Instructional assistant

Address: 1000 bannister circle Waldorf Md 20602 Employment Dates (Start & End): 2003-2018

Supervisor's Name: Ingrid Williams Horton Phone #: 301-753-1765

APPLICANT INCOME

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

Base pay: \$ 932.39 Commissions: \$ _____

Overtime: \$ _____ Dividends: \$ _____

Bonuses: \$ _____ Other: _____

TOTAL INCOME: \$ 25,498 Income is (check one) ☐ PER MONTH or ☒ PER YEAR.

NOTE: If employer refuses to verify applicant's employment by phone, it will become the responsibility of the Applicant or Co-Applicant to provide immediate written confirmation of such information. If Applicant is self-employed, attach copies of your US tax returns (FORM 1040 and Schedule C) for the past two years.

APPLICANT ASSETS

Checking Account: \$ 238.72 Bank: Suntrust Account #: 1000213314742

Savings Account: \$ 2.50 Bank: Suntrust Account #: 1000213314734

Credit Union: \$ 0.00 C.U. Name: _____ Account #: _____

Other Assets: _____

TOTAL ASSETS: 241.22

APPLICANT LIABILITIES

Auto Loan (Company): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Auto Loan (Company): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Mortgage (Company): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Credit Card (Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Credit Card (Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Credit Card (Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Bank Loan (Bank Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Personal Loan (Creditor Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Alimony: _____ Monthly Payment: \$ _____ Pay Until: _____
 Child Care/ Support: _____ Monthly Payment: \$ _____ Pay Until: _____
 Suits/ Judgments: _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
TOTAL MONTHLY PAYMENTS: \$ _____ TOTAL PAYOFF BALANCE: \$ _____

APPLICANT'S VEHICLES THAT WILL BE AT THE RENTED PROPERTY

AUTOMOBILES:

Type/Make: Toyota Sequoia Year: 2005 Tag #: _____ State: MD
 Type/Make: _____ Year: _____ Tag #: _____ State: _____

MOTORCYCLES/ LARGE TRUCKS/ BOATS/ TRAILERS:

Type/Make: _____ Year: _____ Tag #: _____ State: _____
 Type/Make: _____ Year: _____ Tag #: _____ State: _____

Are any of the above vehicles commercial vehicles (check one) ☐ YES or ☐ NO

If so, which one(s): _____

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

PETS & SERVICE ANIMALS

Indication of pets below does not guarantee Owner/ Agent acceptance of pets.

Do you have a Service Animal as identified by the Americans with Disabilities Act or Department of Justice? (check one)
☐ YES or ☒ NO

Do you have any pets (non-service animals) (check one) ☐ YES or ☒ NO How many pet(s)/ service animal(s): _____

Type of pet(s)/ service animal(s) (include breed): _____

Weight(s): _____ Age(s): _____

SPECIAL LEASE REQUIREMENTS

Do you need any special lease requirements? _____

Special equipment needed or necessary modifications to accommodate a disability: _____

DIPLOMATIC CLAUSE

Diplomatic Clause Required (check one) ☐ YES or ☐ NO Length of stay: _____

ACTIVE DUTY MILITARY

Military transfer clause needed? (check one) ☐ YES or ☐ NO Length of stay: _____

BANKRUPTCY/ NON-PAYMENT/ EVICTION/ FELONY CONVICTION

Have you ever filed bankruptcy (check one) ☐ YES or ☒ NO Date Filed: _____ Date Discharged: _____

Explanation: _____

Have you ever been sued for non-payment of rent or been evicted (check one) ☐ YES or ☒ NO

Explanation: _____

Have you or anyone indicated above ever been convicted of a felony in any federal or state court (check one) ☐ YES or ☒ NO

If yes, please attach specific information regarding felony conviction, including date of conviction; charge for which convicted; sentence imposed; whether sentence has been completed; and if sentence has not been completed, specify sentence requirements which remain to be completed.

IN CASE OF EMERGENCY

Nearest relative's name: Christian Mendoza Relationship: son

Address: 20 Marshall Rd Waldorf, Md 20602 Phone #: 240-412-5770

LOCAL REFERENCES

Do not include family members.

Name: Sherry Lane Relationship: friend

Address: 1106 Dorthy St Kingsport, Tennessee 37660 Phone #: 423-723-7151

Name: Christina Calacan Relationship: friend

Address: 2522 Rathbone Ct Waldorf Phone #: 301-592-7548

Name: Georgette Marshall Relationship: friend

Address: 15924 Dusty lane Accokeek Phone #: 240-443-6603

NO

APPLICATION FEE & SECURITY DEPOSIT INFORMATION

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 Real Property Article of the Annotated Code of Maryland, 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. This section does not apply to any landlord who offers four or less dwelling units for rent on one parcel of property or at one location, or to seasonal or condominium rentals.

An application fee of Seventy five dollars Dollars (\$ 75.00) is to be used by Landlord/ Agent for the credit/consumer check and any other expenses arising out of the application with the understanding that this application, including each prospective occupancy, is subject to Landlord's approval and acceptance.

A security deposit in the sum of five thous. five hundred Dollars (\$ 1500.00) 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).

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 _____ 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 APPLICATION FEE** actually expended as a result of this application. The balance of the application fee and security 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 security 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.

REVIEW OF LEASE

Tenant has the right to receive and carefully examine a copy of the Standard Dwelling Lease form and any addendum that may be used in conjunction with the Lease prior to submitting this Application. All requests for a copy of the Lease prior to Application must be made in writing.

UTILITY DISCLOSURE

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, including: **GAS, OIL, ELECTRICITY, WATER, SEWER, REFUSE**, where applicable, and will pay deposits therefore, if required.

CONSUMER REPORT AUTHORIZATION

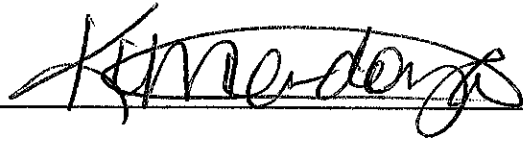
I/We authorize you to secure, from a consumer reporting agency, an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, verification of my residences, employment and income. I/We authorize the consumer 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 FCRA entitled: *A Summary of Yours Rights Under the Fair Credit Reporting Act*.

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 Landlord/Agent. 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 Landlord/Agent, and the credit reporting bureau. I/ We hereby authorize the disclosure of the information contained in any consumer report obtained to Landlord/Agent. **I/ We hereby authorize disclosure of the information contained herein or contained in any consumer report obtained by Agent to Landlord and/ or Landlord's authorized representative.**

Applicant's Signature: _____



Date: _____

8/30/18



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LEASE APPLICATION

TENANT MUST COMPLETE ALL PARTS COMPLETELY

Application Date: 8/30/18

This application is made to lease the premises known as _____
for the TOTAL rent of \$ 1,500 payable monthly in advance on the first day of each month on
the following terms:

Monthly Rent: \$ 1,500

Start Date: _____

Security Deposit: \$ 1,500

End Date: _____

Lease Term: 2 years

OCCUPANTS

Number of Adults: 3 Number of Children: 0

Name: Sasha mendoza Age: 20 Relationship: _____

Name: Kimberly Mendoza Age: 51 Relationship: mother

Name: Joseph Hancock Age: 23 Relationship: CAUSIN

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

SMOKING

Do any occupants smoke (check one) ☐ YES or ☒ NO

APPLICANT INFORMATION

Applicant's Name: Sasha Mendoza Birth Date: 12/09/97 SSN: 215-51-5700

Driver's License #: M-532-758-067-937 State: Maryland

Home Phone #: _____ Cell Phone #: 240-435-8701

Current Address: 11667 Heart River ct Waldorf, MD. 20602

APPLICANT CURRENT ADDRESS INFORMATION

Do you currently (check one) ☒ OWN or ☐ RENT ^{lived with parent}

Number of Years at Current Address: 2009-2018

Current Monthly Rent/ Mortgage Payment: \$ N/A

Current Landlord's/ Agent's Name: _____

Current Landlord's/ Agent's Phone #: _____

Have you given your current Landlord/ Agent notice of your intention to vacate? (check one) ☒ YES or ☐ NO

Allready vacated

Reason for vacating: _____

List all previous addresses, prior to your current address, 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: _____

Landlord's/ Agent's Name: _____ Landlord's/ Agent's Phone #: _____

Address: _____ From: _____ To: _____

Landlord's/ Agent's Name: _____ Landlord's/ Agent's Phone #: _____

APPLICANT EMPLOYER INFORMATION

Applicant's Employer: Charles County Public Schools Position: Instructional Assistant

Address: 2040 Saint Thomas Dr Waldorf, Md 20602 Employed Since: 2015

Supervisor's Name: Christienne Warren Phone #: 301-645-1334

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

current
Previous Employer: WholeSelf Center Position: ISS / Respite care

Address: 331 Gambrills Rd suite 4A Gambrills, Md 21054 Employment Dates (Start & End): 6/25/18 - current

Supervisor's Name: Stephen C. Hartman Phone #: 410-923-1155

APPLICANT INCOME

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

Base pay: \$ 691.53 Commissions: \$ _____

Overtime: \$ _____ Dividends: \$ _____

Bonuses: \$ _____ Other: _____

TOTAL INCOME: \$ 17,966 Income is (check one) ☐ PER MONTH or ☒ PER YEAR.

NOTE: If employer refuses to verify applicant's employment by phone, it will become the responsibility of the Applicant or Co-Applicant to provide immediate written confirmation of such information. If Applicant is self-employed, attach copies of your US tax returns (FORM 1040 and Schedule C) for the past two years.

APPLICANT ASSETS

Checking Account: \$ 163.86 Bank: BB&T Account #: 5250187833

Savings Account: \$ _____ Bank: _____ Account #: _____

Credit Union: \$ _____ C.U. Name: _____ Account #: _____

Other Assets: _____

TOTAL ASSETS: 163.86

APPLICANT LIABILITIES

Auto Loan (Company): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Auto Loan (Company): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Mortgage (Company): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Credit Card (Name): Capital one Monthly Payment: \$ 25 Payoff Balance: \$ 409.82
 Credit Card (Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Credit Card (Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Bank Loan (Bank Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Personal Loan (Creditor Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
 Alimony: _____ Monthly Payment: \$ _____ Pay Until: _____
 Child Care/ Support: _____ Monthly Payment: \$ _____ Pay Until: _____
 Suits/ Judgments: _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
TOTAL MONTHLY PAYMENTS: \$ 25 TOTAL PAYOFF BALANCE: \$ 409.82

APPLICANT'S VEHICLES THAT WILL BE AT THE RENTED PROPERTY

AUTOMOBILES:

Type/Make: Pontiac Grand prix Year: 2005 Tag #: _____ State: MD
 Type/Make: _____ Year: _____ Tag #: _____ State: _____

MOTORCYCLES/ LARGE TRUCKS/ BOATS/ TRAILERS:

Type/Make: _____ Year: _____ Tag #: _____ State: _____
 Type/Make: _____ Year: _____ Tag #: _____ State: _____

Are any of the above vehicles commercial vehicles (check one) ☐ YES or ☒ NO

If so, which one(s): _____

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

PETS & SERVICE ANIMALS

Indication of pets below does not guarantee Owner/ Agent acceptance of pets.

Do you have a Service Animal as identified by the Americans with Disabilities Act or Department of Justice? (check one)
☐ YES or ☒ NO

Do you have any pets (non-service animals) (check one) ☒ YES or ☐ NO How many pet(s)/ service animal(s): 2

Type of pet(s)/ service animal(s) (include breed): Pomerian, Yorkie

Weight(s): 8lbs, 10lbs Age(s): 15 years, 2 years

SPECIAL LEASE REQUIREMENTS

Do you need any special lease requirements? n/a

Special equipment needed or necessary modifications to accommodate a disability: n/a

DIPLOMATIC CLAUSE

Diplomatic Clause Required (check one) ☐ YES or ☒ NO

Length of stay: _____

ACTIVE DUTY MILITARY

Military transfer clause needed? (check one) ☐ YES or ☒ NO

Length of stay: _____

BANKRUPTCY/ NON-PAYMENT/ EVICTION/ FELONY CONVICTION

Have you ever filed bankruptcy (check one) ☐ YES or ☒ NO

Date Filed: _____ Date Discharged: _____

Explanation: _____

Have you ever been sued for non-payment of rent or been evicted (check one) ☐ YES or ☒ NO

Explanation: _____

Have you or anyone indicated above ever been convicted of a felony in any federal or state court (check one) ☐ YES or ☐ NO

If yes, please attach specific information regarding felony conviction, including date of conviction; charge for which convicted; sentence imposed; whether sentence has been completed; and if sentence has not been completed, specify sentence requirements which remain to be completed.

IN CASE OF EMERGENCY

Nearest relative's name: Christian Mendoza Relationship: Brother

Address: 20 Marshall Rd Waldorf, MD 20602 Phone #: 240-412-5770

LOCAL REFERENCES

Do not include family members.

Name: Georgette Marshall Relationship: Friend

Address: 15924 Dusty Ln Accokeek, MD 20607 Phone #: 240-643-6603

Name: Shyanne Mays Relationship: Friend

Address: 20 Marshall rd Waldorf, Md 20602 Phone #: 301-609-0702

Name: Mia Douglas Relationship: friend

Address: 3000 Gallery pl apt 36 Waldorf, MD 20602 Phone #: 240-412-7882

APPLICATION FEE & SECURITY DEPOSIT INFORMATION

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 Real Property Article of the Annotated Code of Maryland, 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. This section does not apply to any landlord who offers four or less dwelling units for rent on one parcel of property or at one location, or to seasonal or condominium rentals.

An application fee of Seventy Five Dollars (\$ 75) is to be used by Landlord/ Agent for the credit/consumer check and any other expenses arising out of the application with the understanding that this application, including each prospective occupancy, is subject to Landlord's approval and acceptance.

A security deposit in the sum of one thousand five hundred Dollars (\$ 1500) 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).

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 _____ 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 APPLICATION FEE** actually expended as a result of this application. The balance of the application fee and security 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 security 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.

REVIEW OF LEASE

Tenant has the right to receive and carefully examine a copy of the Standard Dwelling Lease form and any addendum that may be used in conjunction with the Lease prior to submitting this Application. All requests for a copy of the Lease prior to Application must be made in writing.

UTILITY DISCLOSURE

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, including: **GAS, OIL, ELECTRICITY, WATER, SEWER, REFUSE**, where applicable, and will pay deposits therefore, if required.

CONSUMER REPORT AUTHORIZATION

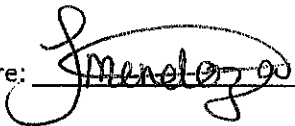
I/We authorize you to secure, from a consumer reporting agency, an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, verification of my residences, employment and income. I/We authorize the consumer 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 FCRA entitled: *A Summary of Yours Rights Under the Fair Credit Reporting Act*.

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 Landlord/Agent. 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 Landlord/Agent, and the credit reporting bureau. I/ We hereby authorize the disclosure of the information contained in any consumer report obtained to Landlord/Agent. **I/ We hereby authorize disclosure of the information contained herein or contained in any consumer report obtained by Agent to Landlord and/ or Landlord's authorized representative.**

Applicant's Signature: _____



Date: _____

8/30/18



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CHARLES COUNTY PUBLIC SCHOOLS

Retain For Your Records

OFFICE OF PAYROLL
P.O. BOX 2770 • LA PLATA, MARYLAND 20646-0170
(301) 932-6610 OR (301) 870-3814

No. 0569171

Payroll Run Number:	93517	Date:	8/03/18	Check:	0569171
MENDOZA, KIMBERLY L	28088		Calendar		Current

SPEC ED. I.A. LIFE SKILLS 14,918.16 932.39
SUMMER PROGRAMS- IA'S, TEM 780.00 780.00
--Reg: 52.0000 HOURS @ \$15.00 \$780.00

Total Pay 15,698.16 1,712.39

BLUE CHOICE - FAMILY 3,240.00- 216.00-
PRE-TAX TEACHERS' PENSION 1,044.32- 65.27-
SOC. SECURITY 001 776.19- 92.78-
MEDICARE TAX 181.54- 21.70-
MARYLAND WITHHOLDING TAX 880.45- 110.72-
FEDERAL WITHHOLDING TAX 464.24- 103.79-
UNITED WAY-2018 30.00- 2.00-

Total Deductions 6,616.74- 612.26-
NET CHECK 569171 1,100.13

Tax Marital Status: M Exemptions: 00 Location: 15 INS

Absence/Leave Summary Beg Bal Earned Absence Adjust Balance
FUNERAL OCCUR (AFSCME) 3.0000 .0000 .0000 3.0000
PERSONAL(C) 1-14 YRS (7.5) 45.0000 .0000 .0000 45.0000
SICK (C) 100% 10-MO (7.5) 14.6514 2.8850 .0000 .0000 17.5364 HOURS

CHARLES COUNTY PUBLIC SCHOOLS

Retain For Your Records

OFFICE OF PAYROLL
P.O. BOX 2770 • LA PLATA, MARYLAND 20646-0170
(301) 932-6610 OR (301) 870-3814

No. 0569311

Payroll Run Number:	93638	Date:	8/17/18	Check:	0569311
MENDOZA, KIMBERLY L	28088		Calendar		Current

SPEC ED. I.A. LIFE SKILLS 15,850.54 932.38
SUMMER PROGRAMS- I.A.'S, TEM 1,095.00 315.00
--Reg: 21.0000 HOURS @ \$15.00 \$315.00

Total Pay 16,945.54 1,247.38

BLUE CHOICE - FAMILY 3,456.00- 216.00-
PRE-TAX TEACHERS' PENSION 1,109.59- 65.27-
SOC. SECURITY 001 840.14- 63.95-
MEDICARE TAX 196.50- 14.96-
MARYLAND WITHHOLDING TAX 954.90- 74.45-
FEDERAL WITHHOLDING TAX 516.45- 52.21-
UNITED WAY-2018 32.00- 2.00-

Total Deductions 7,105.58- 488.84-

NET CHECK 569311 *****758.54*****

Tax Marital Status: M Exemptions: 00 Location: 15 INS

Absence/Leave Summary Beg Bal Earned Absence Adjust Balance
FUNERAL OCCUR (AFSCME) 3.0000 .0000 .0000 3.0000
PERSONAL (C) 1-14 YRS (7.5) 45.0000 .0000 .0000 45.0000
SICK/SAFE (C) 100%10-MO (7.5) 17.5364 2.8850 .0000 20.4214 HOURS

CHARLES COUNTY PUBLIC SCHOOLS

OFFICE OF PAYROLL

Retain For Your Records

P.O. BOX 2770 • LA PLATA, MARYLAND 20646-0170
(301) 932-6610 OR (301) 870-3814

No. 0568773

Payroll Run Number	93045	Date:	6/22/18	Check:	0568773
MENDOZA, KIMBERLY L	28088		Calendar	Current	

SPEC ED. I.A. LIFE SKILLS WORKSHOP

12,121.00	932.38
60.00	30.00
12,181.00	962.38

BLUE CHOICE - FAMILY
PRE-TAX TEACHERS' PENSION
SOC. SECURITY 001
MEDICARE TAX
MARYLAND WITHHOLDING TAX
FEDERAL WITHHOLDING TAX
UNITED WAY-2018

2,592.00-	216.00-
848.51-	65.27-
594.57-	46.28-
139.06-	10.82-
669.97-	52.22-
319.03-	23.71-
24.00-	2.00-
5,187.14-	416.30-
568773	546.08

Tax Marital Status: M Exemptions: 00 Location: 15 INS

Absence/Leave Summary	Beg Bal	Earned	Absence	Adjust	Balance	HOURS
FUNERAL OCCUR (AFSCME)	3.0000	.0000	.0000	.0000	3.0000	
PERSONAL(C) 1-14 YRS (7.5)	45.0000	.0000	.0000	.0000	45.0000	
SICK (C) 100% 10-MO (7.5)	7.9964	2.8850	.0000	.0000	10.8814	

CHARLES COUNTY PUBLIC SCHOOLS

Retain For Your Records

OFFICE OF PAYROLL
P.O. BOX 2770 • LA PLATA, MARYLAND 20646-0170
(301) 932-6610 OR (301) 870-3814

No. 0569062

Payroll Run Number:	93407	Date:	7/20/18	Check:	0569062
MENDOZA, SARHA A	36057		Calendar	Current	

SPECIAL EDUCATION IA

Total Pay	10,293.59	691.53
	10,293.59	691.53

P/T TCHR PENSION-AFTER7/11	790.15-	48.41-
SOC. SECURITY 001	699.86-	42.87-
MEDICARE TAX	163.69-	10.03-
MARYLAND WITHHOLDING TAX	790.42-	47.94-
FEDERAL WITHHOLDING TAX	917.59-	52.79-

Total Deductions	3,361.71-	202.04-
NET CH E C K	569062	489.49

Tax Marital Status: S Exemptions: 00 Location: 38 INS

Absence/Leave Summary	Beg Bal	Earned	Absence	Adjust	Balance	
FUNERAL OCCURR (AFSCME)	3.0000	.0000	.0000	.0000	3.0000	HOURS
PERSONAL(C) 1-14 YRS (7.5)	20.0000	.0000	.0000	.0000	20.0000	HOURS
SICK (C) 100% 10-MO (7.5)	55.3750	2.8850	.0000	.0000	58.2600	HOURS

CHARLES COUNTY PUBLIC SCHOOLS

Retain For Your Records

OFFICE OF PAYROLL
P.O. BOX 2770 • LA PLATA, MARYLAND 20646-0170
(301) 932-6610 OR (301) 870-3814

No. 0569185

Payroll Run Number	93517	Date	8/03/18	Check	0569185
MENDOZA, SARHA A	36057		Calendar	Current	

SPECIAL EDUCATION IA 10,985.13 691.54
SUMMER PROGRAMS- IA'S, TEM 765.00 765.00
--Reg: 51.0000 HOURS @ \$15.00 \$765.00

Total Pay 11,750.13 1,456.54

P/T TCHR PENSION-AFTER7/11 838.56- 48.41-
SOC. SECURITY 001 790.17- 90.31-
MEDICARE TAX 184.81- 21.12-
MARYLAND WITHHOLDING TAX 898.03- 107.61-
FEDERAL WITHHOLDING TAX 1,062.19- 144.60-

Total Deductions 3,773.76- 412.05-

NET C H E C K 569185 1,044.49

Tax Marital Status: S Exemptions: 00 Location: 38 INS

Absence/Leave Summary Beg Bal Earned Absence Adjust Balance
FUNERAL OCCUR (AFSCME) 3.0000 .0000 .0000 3.0000
PERSONAL(C) 1-14 YRS (7.5) 20.0000 .0000 .0000 20.0000
SICK (C) 100% 10-MO (7.5) 58.2600 2.8850 .0000 .0000 61.1450 HOURS

CHARLES COUNTY PUBLIC SCHOOLS

Retain For Your Records

OFFICE OF PAYROLL
P.O. BOX 2770 • LA PLATA, MARYLAND 20646-0170
(301) 932-6610 OR (301) 870-3814

No. 0569327

Payroll Run Number	93638	Date:	8/17/18	Check:	0569327
MENDOZA, SARHA A	36057		Calendar		Current

SPECIAL EDUCATION IA 11,676.66 691.53
SUMMER PROGRAMS- IA'S, TEM 1,080.00 315.00
--Reg: 21.0000 HOURS @ \$15.00 \$315.00

Total Pay 12,756.66 1,006.53

P/T TCHR PENSION-AFTER7/11 886.97- 48.41-
SOC. SECURITY 001 852.57- 62.40-
MEDICARE TAX 199.40- 14.59-
MARYLAND WITHHOLDING TAX 970.54- 72.51-
FEDERAL WITHHOLDING TAX 1,152.78- 90.59-

Total Deductions 4,062.26- 288.50-
N E T C H E C K 569327 *****718.03*****

Tax Marital Status: S Exemptions: 00 Location: 38 INS

Absence/Leave Summary Beg Bal Earned Absence Adjust Balance
FUNERAL OCCUR (AFSCME) 3.0000 .0000 .0000 3.0000
PERSONAL(C) 1-14 YRS (7.5) 20.0000 .0000 .0000 20.0000
SICK/SAFE(C) 100%10-MO(7.5) 61.1450 2.8850 .0000 .0000 64.0300 HOURS

MARYLAND
Provisional Driver's License

PDL

Employee Identifier
M-532-758-067-937

Under 18 until 12/09/2015
Under 21 until 12/09/2018

MENDOZA
SARRA LYNN
Address: 11667 HEART RIVER CT
WALDORF MD 20602
Date of Birth: 12/09/1997
Sex: F HT: 5-01 WT: 130
Issue Date: 11/23/2016
Expiration Date: 10/29/2019
ORGAN DONOR

DL Class **C** Driver's License **Maryland**

LIC #: M-532-469-564-422

KIMBERLY LYNN MENDOZA
11667 HEART RIVER CT
WALDORF CH MD 20602

BIRTH DATE: 06-05-1967
EXPIRES: 06-05-2021
Sex: F HT: 5-00 WT: 170
Restr: Type: R
Issue Date: 04-30-2013

Fax Confirmation Report



Job Details:

Job Status:

1 filed successfully.

Job Information

Device Name:	Color03
Submission Date:	18/08/30
Submission Time:	20:46
Images Scanned:	20
Original Size:	Auto Detect
Resolution:	RES_FAX_FINE

Status Details:

Fax Settings

Phone number(s):
2408239199