Please Print Legibly: Applicant's Name:	ABINE T	AOVO	
Birth Date: 05/54/1983	/ ITTIOS	ss#: 942-95-4	291
Driver's License # or Government-Issued ID #:	A-620-452	1-108-39 State:	UD.
Home Phone:	Temporary Local	# (if applicable):	
		301-732-1630	
E-mail Address: TCTOYal907@GMa	il.com E-mail A	Address:	
Current Address: 23 WCAUSIAND P			20877
Street		City State	-
Own Ment Years:	Rent/M	ortgage Payments: \$ 1.7	710-7101
Present Landlord/Agent: Am her Comm Reason for moving: Ul Ne	nd more 5	Race.	120-7102
Have you ever paid late? Yes No If yes, Ex	xplain	77	
Have you ever been evicted? Yes No If yes	, Explain		
List all previous addresses for the last five years. Agent from whom you rented. (Use additional sh	including period of stay	in each and the name and telepr	ione number of Landiord
Agent from whom you remed. (Ose additional an		iona i desi en ancare e la lessa i	
Previous Address: 19701 Cristal Roc	K Dr Germ	antourn MD	
Street		City Stat	
Landlord/Agent's Name: + Landlord/Agent's Name	15	Phone: 833-8	<u> 26-6839 </u>
From (Date): 11/28 5 To: 11/3	0 16 Monthl	y Rent: \$	
Previous Address: 1886 105+ Kni	FROAD GO	aithersburg mx	20877
Street		City Stat	e Zip
Landlord/Agent's Name: Cidov Mill From (Date): 1 28 14 To: 1 2		Phone: 877-	741-8237
From (Date): 11 28 14 To: 11 6	<u> 18 [15 </u>	y Rent: \$	
Current Employer: Ventresca &	ataxoncies 5	The	
Position: Supervisor	MILL OF ISES, 1	Inc How Long 8	Years
Position: <u>Supervisor</u> Address: <u>510</u> Sunnyside Ave	College	Dark MO	20740
Street	J	City Stat	
Supervisor: Edwin Vazguez		Supervisor's Phone: 24()-781-851 <u>2</u>
No. of the second secon		100 4 100 4	
CURRENT GROSS ANNUAL INCOME:	11/11	Commissions: \$ Dividends: \$	
32 hr Base Pay: \$ 57,600 600 48-00- Overtime: \$ 200 8.600	-160	Other: \$	and the contract of the China and the China
Bonuses: \$	269	TOTAL: \$ 72,71	.2.
Donass, a	Managed States (AAA)		
If employed less than one year with current employed	loyer, give previous em	ployment information:	
Previous Employer:			
Position:	How Long:	Gross Incor	ne: \$
Address:			
Street		City Stat	
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:	The same of the sa
Are you participating in a Housing Assistance Program? Yes VN	le If yes, please complete info below:
Jurisdiction:	
Amount: \$ /	
Attach appropriate documentation.	
ASSETS:	
Checking Account: \$ Bank:	<u> </u>
Savings Account: \$ / Bank:	
Credit Union: \$ / Name:	/
Other Assets: \$ / (Specify)	
TOTAL: \$	
LIABILITIES: (Auto Loans, Mortgages, Credit Cards, Bank Loans, In	nstallment Logis Student Logis Child Support, Alimony etc.
LIABILITIES: (Anto Louis, Morigages, Creat Caras, Dana Bouns, I	initialities and and a state of the state of
Creditor	
/	
3	3
	\$ / \$ /
3	
1	
3	\$
TOTAL: \$	\$ 1
Have you ever filed for bankruptcy? Yes No If yes, Discharge Do you have a suit for judgments against you? Yes No Are you obligated to pay or receive child support or pay for reference is indicate monthly payment: \$	eceive alimony?
APPLICANT: Citizen of (Country): El Salvador	Passport #:
Emergency Contact: Carmen Reyes Address	
CO-APPLICANT: Citizen of (Country): El Salvado	Passport #:
Emergency Contact: Duglas barrera	Relationship: <u>byother</u> Phone: 301-760-9735.
LOCAL REFERENCES: Name: Yesowia portillo Address:	
Name: OSCOY COSTINO Address:	

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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 THE LANDLORD AND/OR ITS AGENT AND ME TO BE VALID.

- Required	presented to Magazinia It a necessiry deposit
PRINTNAME: Juan Carlos Arias	0101
APPLICANT SIGNATURE:	Date: 12-024-18
PRINT NAME: Elena Segonia	SLAKTERONIC SIGNATURES. In accordance with
CO-APPLICANT SIGNATURE EN Fegura	Date: 12-24-18
Date: 12-24-18 Check: \$	Cash: \$ 80 ~
Leasing Broker:Address:	Broker Code:Phone:
Leasing Agent:	Phone:
License #/State:/ MI	RIS#

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