





## RENTAL APPLICATION

(For Use in Montgomery County, Maryland)

Applicant's Name: CM Stal Macka	bee	and, if applicable,
Co-Applicant's Name:	2028 00040	("the Applicant")
Application is made to lease property located at \[ \frac{1}{2} \]	Security I	Panceit: \$
Lease Term: Move-in	Date: 1 12 19 (4	Deposit: \$ SAP Move-out Date:
A deposit in the amount of \$understanding that this Application, including each	(the "Dep prospective occupant, is so be leasehold interests in the	osit") is to be held by Landlord/Agent with the clear ubject to approval and acceptance by owner or his duly rental property until there is a fully executed lease. In
the credit/consumer check and processing the appl occupant is subject to Landlord's approval and acc arising out the Application exceed the amount of the cost. When so approved and accepted, Applicant ag	lication with the understar ceptance. Should the actua- he Application fee, a port- grees to execute a lease an	ication Fee") is to be used by the Landlord/Agent for ading that this application, including each prospective all cost expended for a credit check or other expenses ion of the Deposit shall be applied to pay such excess d to pay any balance due on the security deposit and/or after being notified of acceptance and before possession
SPECIAL LEASE REQUIREMENTS: Military/D	Diplomatic Clause: Ye	s No
Contingencies/Special Equipment:	<u> </u>	
OCCUPANTS: The premises are to be occupied on Total Number of Occupants:  Name: Chromosome State Wall Completed Name: Scantand Completed Name: Scantand Completed Name:	(self) gnterf r (son)	Age: 28 Age: 8 Age: 4 Age: 4
	Weight:	Total Number of Dogs:
Cat: Total Number of Cats:		How many pets total?
AUTOMOBILES, MOTORCYCLES, TRUCKS,	BOATS, AND TRAILE	RS:
Total Number of Vehicles:		•
Type/Make: ACUYA MDX Year:	<u> 2014 Tag #:</u>	State:
Type/Make:Year:	Tag #:	State:
Are any of the above commercial vehicles? If so, wh		
All motor vehicles or trailers shall have current lice (not in fire lanes or on the lawn), OR AS REQUIRI		ONLY in garages, driveways, if provided, on the street NIUM OR HOMEOWNER'S ASSOCIATION.
	al or mental handicaps,	be made available to all persons without regard to familial status or any additional protected classes aw.
For Office Use Only: Date	• •	
For Office Use Only: DateApplication Received by Agent/Broker:		

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GCAAR # 1204 MC - Rental Application
(Previously form # 1204)
Taylor Properties, 175 Admiral Cochrane Dr suite 112 Annapolis, MD 21401
Phone: (443)600-1554
Fax:
Amar Sethi

Application 3328

Please Print Legibly: Applicant's Name:	'lictal man	NOWE			
		<u>kabee</u>	<u> </u>	na	
Birth Date: 10-18-		SS#:		10-	
	overnment-Issued ID #:			tate:	)
Home Phone:			Local # (if applicable): _		
Office Phone:	evabee cê ya	Mobile Pho	ne:		
E-mail Address: IV (A)	20/ ACCE YA	V 10 0 "W E-mail Addi		447	20.00
Current Address: 80	906 Arcens Street	City	illstouin	State	21135 Zip
Own Kant v	ears: <u>Sycays</u>	Rent/Mortgage Paym	ente: 8 2195		
Present Landlord/Agent	Tameka Te		Pho:	ne: 240-4	39-1397
Reason for moving: 101	eed more sp	ace close	The Movitary	men co	MAC
Have you ever paid late	? Yes No If yes, E	xplain	10 10 01 1 Ju	<del></del>	<del>VI 14 -</del>
	ted? Yes No If yes				
		-,	•		
	sses for the last five years ented. (Use additional shee		in each and the name a	nd telephone nu	mber of Landlord/
Previous Address: $\frac{\int_{0}^{\xi}$	100 Eastwe	st thanwar	y sinvers	PNN9 State	MD 20910
Landlord/Agent'd Name	Street India U	YOU DANK AR	AYAMENTS - <sub>Phon</sub>	e:31267-	.0911
From (Date): 12-(	) O To:	2/2013	Monthly Rent: \$	1700	
Trom (Buto): 11 Page				1 1 2 2	
Previous Address:					
	Street	City		State	Zip
Landlord/Agent's Name			Phon	ie:	
From (Date):	To:		Monthly Rent: \$		
Current Employer: <u>C</u>	amphell try	China LLC			<del></del>
Position: DSOGHO	alr. Superviso	or, cotowne	How Long:	Juears	
Address: 14202	<u>ogkvale</u> St	- KOCKUITE	· WD	708	<u>S</u>
	reet de la lacil	City	State	2 A 7 Z	793-5073
Supervisor: Shulk	in complete		Supervisor's	Phone: <u>LU C</u>	190 00 13
CURRENT GROSS A			Commissions: \$		
Base Pay: \$_	130,000			Leave	
Overtime: \$_		/ >			
Bonuses: \$_	nonthiny Bases	200) pay(13,300)	TOTAL: \$		
If employed less than on	e year with current employ	er, give previous emplo	yment information:		
1 2			•		
Dravious Employers					
Position:		How Long:	Gross	Income: \$	
Address		110 W LONE	0.033	ψ	
Address:St	reet	City	State	Z	ip
		•			
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IE EMBI OVED DEELIS	PEC to starify applicant's at	malarimant hij ahana it	shall basama the respon	sibility of the a	valicant to provide

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 ASSIST	ANCE PRO	GRAM:	$\Box$			
Are you participating	in a Housin	g Assistance Progr	ram? 🔲 Yes 🔀	No If yes, please compl	ete info below:	
Jurisdiction:		/				
Amount: \$						
Attach appropriate de	ocumentation	<b>.</b>				
ASSETS:						
	\$			Bank:		
Savings Account:	\$	1		Bank:		
Credit Union:	\$	//		Name:	/	
Other Assets:	\$			(Specify)	/	
TOTAL:	\$		,	-		
LIABILITIES: (Am	to Loans, Mo	rtgages, Credit Co	ards. Bank Loans.	Installment Loans, Stud	lent Loans, Child Support, Alimony etc.)	
		ingugos, or our or				
Creditor	•	e.	Total Due	<b>e</b>	Monthly Terms	
		φ	',			
		\$			/	
		Ф	<del></del> ',	s	, , , , , , , , , , , , , , , , , , ,	
',		¢	<del></del> ',	\$		
		\$		<u>\$</u>	/	
<u>'</u>	-	\$				
	TOTAL:	\$		\$		
Do you have a suit for Are you obligated to If so, indicate month	or judgments  pay  or r  ly payment:	against you? eceive child s	Yes No upport or pay	or <b>receive</b> alimony		
APPLICANT: Citiz	en of (Count	ry): <u>, US</u>	++	Passpo	rt #:	
Emergency Contact: Address <u>\\33</u>	Advic East 1	We St the	ghway 21	Relationship:	MOHOLY Phone: 202-883-995	
CO-APPLICANT: 0	Citizen of (Co	ountry):		Passpo	rt #:	
			<u>.</u>	Relationship:	D1	
Address	_				Phone:	
LOCAL REFEREN	NCES:			é	2(	
Name: BOYY Address: WA	y Fe	well		Relationship:	240-1000 543-200	
Name: ASh	u Ed	monstor	1	Relationship:	io-worker	_
Address:	J				Phone: 202-105-2107	

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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: CM/110/19co-applicant: \_\_\_\_/

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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 MYSELF TO BE VALID.

PRINT NAME: CM Star	molecabee		
APPLICANT SIGNATURE:		<u> </u>	_ Date: 110 119
PRINT NAME:			
CO-APPLICANT SIGNATU	RE:	<del>-,</del>	Date:
Date:	Check: \$	C	ash: \$
			ker Code:
Leasing Agent:		Pho	ne:
License #/State:	/	MRIS#	

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