

LEASE APPLICATION



1. **PROPERTY ADDRESS:** Nicholas Ave **DATE OF APPLICATION:** 7/30/18
2. **APPLICANT:** Shakeenah Bolden **Date of Birth:** 3-14-88 **Age:** 30
(☒ Unmarried (☐ Married (☐ Separated (☐ Divorced **Social Security #:** 069-74-4464
Number of Dependents: 2 **Names and ages:** Amaya Bolden-12 Amir Pearson-2
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** 410 370 5017
E-Mail: sbolden314@gmail.com **Vehicle Make:** _____ **Model:** _____ **Year:** _____
Driver's License State/Number: B 435 765398 194 **License Plate State/Number:** _____
3. **ADDITIONAL OCCUPANTS:** *A separate application and credit check fee is required from each applicant 18 or older, and must be attached.*
Names & ages: _____
4. **ADDRESS & RENTAL HISTORY:** *Applicant must provide current information and rental history for previous two years.*
Present Address: 3107 White Ave **Dates:** 7/1/16-7/31/18
Landlord or Property Manager: Brenda Finell **Phone:** 240 254 7813
Mo. Rent: \$ 1000 **Reason for leaving:** Space
Previous Address #1: 3028 Glenmore Ave **Dates:** 11/1/11-11/30/15
Landlord or Property Manager: Urban City Management **Phone:** _____
Mo. Rent: \$ 850 **Reason for leaving:** Space
Previous Address #2: _____ **Dates:** _____
Landlord or Property Manager: _____ **Phone:** _____
Mo. Rent: \$ _____ **Reason for leaving:** _____
5. **EMPLOYMENT:** *Applicant must provide employment history for two years and additional income, if any. If applicant is self-employed, please attach photocopies for the past two years of (A) individual U.S. Tax form 1040 and (B) self-employment Tax Schedule C. If applicant is paid on an hourly or weekly basis, attach form W2 for the past 2 years and two most recent paycheck stubs.*
Present Employer: University of Maryland Health Plan **Phone:** 410 878 7709
Supervisor: Candace Shea **Phone:** _____
Business Address: 1906 Green Spring Dr
Position: Apprais Supervisor **Type of Business:** Insurance **Dates:** 7/7/15-present
Gross Monthly Wages/Salary (before deductions): \$4000 **Average Monthly Overtime/bonuses:** _____
Previous Employer: _____ **Phone:** _____
Supervisor: _____ **Phone:** _____
Business Address: _____
Position: _____ **Type of Business:** _____ **Dates:** _____
Gross Monthly Wages/Salary (before deductions): _____ **Average Monthly Overtime/bonuses:** _____
Additional Income: _____
6. **PERSONAL REFERENCES:** *Applicant must provide two personal references that are not relatives, employers or landlords.*
Reference #1: Jay Blanding **Relationship:** friend
Address: _____ **Phone:** 410 240 3995
Reference #2: Jane Savoy **Relationship:** coworker
Address: _____ **Phone:** 410 622 6297
7. **IN CASE OF EMERGENCY, CONTACT:** *On a separate page, list additional contacts, if any.*
Name: _____ **Relationship:** _____ **Phone:** _____
Address: _____ **Business Phone:** _____

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8. **BANK REFERENCES:** On a separate page, list additional bank accounts, if any.

Account #1: ☐ Checking ☐ Savings ☐ Money Market Bank _____ Balance _____
Account #: _____ Address: _____
Account #2: ☐ Checking ☐ Savings ☐ Money Market Bank _____ Balance _____
Account #: _____ Address: _____
Account #3: ☐ Checking ☐ Savings ☐ Money Market Bank _____ Balance _____
Account #: _____ Address: _____

9. **MONTHLY OBLIGATIONS:** On a separate page, list additional child support, alimony, credit cards, loans and other obligations, if any.

Type of Obligation	Creditor and Account Number	Balance owed	Monthly payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. IF YOU ANSWER "YES" TO ANY ITEM BELOW, PLEASE EXPLAIN BELOW OR ON A SEPARATE PAGE:

- A. Do you have any outstanding unpaid judgments? ☒ NO ☐ YES
B. In the last 7 years, have you declared bankruptcy? ☒ NO ☐ YES
C. Are you a party in a lawsuit? ☒ NO ☐ YES
D. Have you ever been evicted? ☒ NO ☐ YES
E. Have you ever been convicted of a crime? ☒ NO ☐ YES
F. Do you smoke? ☒ NO ☐ YES
G. Do you have any pets? ☒ NO ☐ YES
H. Do you own a waterbed or plan to purchase one? ☒ NO ☐ YES

Explanation:

11. **AUTHORIZATION:** A credit check fee of Twenty-five dollars (\$25.00) accompanies this application. I expressly authorize verification of information provided in this application from credit sources, credit bureaus, personal references, current and former landlords and employers. I have the right, under Section 606(b) of the Fair Credit Reporting Act, to make a written request to the credit information source for a complete and accurate disclosure of the nature and scope of any investigation. A credit check may take five business days after receipt of completed application.

12. **APPLICATION FEE:** A separate application fee in the amount of \$ 30 accompanies this application. Upon approval and acceptance of this application, the application fee shall be applied to monthly rental; OR upon rejection of this application, the application fee shall be refunded to applicant within ten days of rejection, provided that no false, incomplete or misleading statements are provided in this application.

13. **LEASE & PAYMENT:** Upon approval and acceptance of my application, I agree to execute a lease in accordance with the terms of the application and to make payment for the balance of the first month's rent and security deposit in the form of a money order or cashier's check. If I fail to execute a lease and/or make payment, the entire application fee accompanying this application shall be forfeited without recourse, as liquidated damages, and split equally between the Landlord and Listing Broker.

14. **OCCUPANCY:** Property is to be used as a single-family residence, subject to all applicable zoning laws and all rules, regulations, by-laws, and covenants of any applicable Condo or Homeowner's Association. Occupancy is contingent upon property being vacated by the present occupant. I understand that the use or sale of illegal drugs on the premises shall be grounds for termination of lease and occupancy, without recourse, and that all advance rental payments and deposits shall be forfeited as liquidated damages in the event of said termination.

15. **CERTIFICATION & REMEDY:** I certify that all information provided herein is true and correct and that none of the funds listed are proceeds of illegal activities. I understand that my lease or rental agreement may be terminated and the entire application fee and security deposit shall be forfeited as liquidated damages, without recourse, if I have made any false, incomplete or misleading statement in this application.

This application is offered without respect to race, creed, religion, physical or mental handicap, color, sex, national origin, age, occupation, personal appearance, political affiliation, sexual orientation or marital status.

DATE: 7/30/18 APPLICANT'S SIGNATURE: [Signature]

RENTAL AGENT/BROKER: _____ PHONE NUMBER: _____

BROKER'S MAILING ADDRESS: _____