

SMAR Form No. 603



(Rev 07/2015)

LEASE APPLICATION TENANT MUST COMPLETE ALL PARTS COMPLETELY

Application Date: $San 29,2019$		
This application is made to lease the premises known as $\underline{4061}$ for the TOTAL rent of \$24,000.00 payable the following terms:	l Tahoe pl, White Plains, MD 20695 e monthly in advance on the first day of each month on	
Monthly Rent: \$2,000.00	Start Date: 17 Feb 2019	
Security Deposit: \$2,000.00	End Date: 17 Feb 2020	
Lease Term: 12		
OCCUPANTS		
Number of Adults: 2	Number of Children:	
Name: Marie - Elana Kennedy	Age: 29 Relationship: $(muse/f)$	
Name: Mathew Vottima	Age: 29 Relationship: (myself) Age: 26 Relationship: Friend	
Name:	Age: Relationship:	
Name:		
Name:	_Age:Relationship:	
Name:	_Age:Relationship:	
SMOKING		
Do any occupants smoke (check one) ☐ YES or ☑ NO		
APPLICANT INFORMATION	1989	
Applicant's Name: Manie-Elana Kennedy	Birth Date: 54 27, SSN: 199 70 1939	
Driver's License #: 73596174	State: Ohio	
Tome Phone #: N/A Cell Phone #: 330 - 309 - 5345		
Current Address: 5800 River Rol Bryans Ro	ad, MD 20616	
APPLICANT CURRENT ADDRESS INFORMATION		
Do you currently (check one) OWN or RENT	Number of Years at Current Address:	
Current Monthly Rent/ Mortgage Payment: \$_/2(\infty) 60		
Current Landlord's/ Agent's Name: Debi Krahling	a	
Current Landlord's/Agent's Phone #: 301 - 751 - 9	494	
Have you given your current Landlord/ Agent notice of your into	ention to vacate? (check one) YES or NO	

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Reason for vacating: I feel like it	
List all previous addresses, prior to your current address, f and the name and telephone number of Landlord/Agent fr	for the last five years including period of stay in each rom whom you rented. (Use additional sheet if needed).
Address: 3399 Strauss Ave Indian	
Landlord's/ Agent's Name: U.S. Marines	Landlord's/ Agent's Phone #: V/A
Address: 2095 C St. Cherry Point, N	C 28633 From: 2315 To: 2017
Landlord's/ Agent's Name: US Marines	Landlord's/ Agent's Phone #: ///
APPLICANT EMPLOYER INFORMATION	
Applicant's Employer: U.S. Government	USMC Position: Weather forecaster
Address: 3399 Strauss Ave Ste 219	Inclian Head, M) Employed Since: 2014
Supervisor's Name: Gy Sot Dana Cisnero	Phone #: 301-744-2031
If employed less than one year, provide previous employment	information:
Previous Employer:	Position:
Address:	
Supervisor's Name:	Phone #:
APPLICANT INCOME NOTE: Alimony, child support or separate maintenance income have it considered as a basis for paying the rent obligation.	
Base pay: \$ 2092, 60	Commissions: \$ 11/4
Overtime: \$ \(\sum / \Lambda \)	_Dividends: \$/\/
Bonuses: \$ N/A TOTAL INCOME: \$ 4185,00	Other:
NOTE: If employer refuses to verify applicant's employment by or Co-Applicant to provide immediate written confirmation of copies of your US tax returns (FORM 1040 and Schedule C) for t	of such information, If Applicant is self-employed attach
APPLICANT ASSETS	
Checking Account: \$ 2,5 1,3 C Bank:	Navy Fed Credit Union Account #: 7960604747 Vavy Fed Account #: 3083657951 ame: Navy Fed Account #: 3048303444
Savings Account: \$ 29, 917.32 Bank: 1	Vary Fed Account #: 3083657951
Credit Union: \$ 3,010,00 C.U. Na	ame: Navy Fed Account #: 304 8303444
Other Assets: \$818,43 PNC Bank	
TOTAL ASSETS: 36,257.11	





5		*		
Monthly Payment: \$ 4	Payoff Balance	e:\$13,451.04		
		e: \$		
Monthly Payment: \$	Payoff Balance	e: \$		
_Monthly Payment: \$	50,00 Payoff Balance	e:\$_320.30		
_Monthly Payment: \$	Payoff Balanc	e: \$		
_Monthly Payment: \$	Payoff Balance	e:\$		
Monthly Payment: \$	Payoff Balance	e: \$		
_Monthly Payment: \$	Payoff Balance	e:\$		
_Monthly Payment: \$	Pay Until:	38		
_Monthly Payment: \$	Pay Until:			
_Monthly Payment: \$	Payoff Balance	\$ 13,771.34		
TOTAL PAYOF	F BALANCE: \$ 13, 77	11.34		
	Tag #: <u>T 8 14 732</u>	State: A Z State:		
ck one) ☐ YES or ☑ NO				
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.				
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):				
Age(s):				
	Monthly Payment: \$	Monthly Payment: \$ 4 () Payoff Balance Monthly Payment: \$ Pay Until: Monthly Payment: \$ Pay Until: Monthly Payment: \$ Payoff Balance: TOTAL PAYOFF BALANCE: \$ 13, 177 PROPERTY Year: 7 Tag #: 14 73 2 Year: Tag #: Year:		





SPECIAL LEASE REQUIREMENTS

Do you need any special lease requirements? N_0			
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: Unknown		
BANKRUPTCY/ NON-PAYMENT/ EVICTION/ FELONY CONVICTION	ION		
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 evid	cted (check one) YES or NO		
Explanation:			
Have you or anyone indicated above ever been convicted of a feld	ony in any federal or state court (check one) YES or NO		
If yes, please attach specific information regarding felony coconvicted; sentence imposed; whether sentence has been consentence requirements which remain to be completed.	onviction, including date of conviction; charge for which impleted; and if sentence has not been completed, specify		
IN CASE OF EMERGENCY			
Nearest relative's name: Joved Kenneely	Relationship: Bother		
Nearest relative's name: <u>Joved Kennedy</u> Address: <u>4100 Juniper Ln Bethlehem</u> ,	PA 18020 Phone #: 570-789-0380		
LOCAL REFERENCES			
Do not include family members.			
Name: Eric Pajel	Relationship: O-worker		
Address: 3399 Strauss Ave Indian Hea			
Name: Marcelo Saldivar-Oritz	Relationship: Co-worker		
	~ lead, MD Phone #: 760-368-5104		
Name: Mellisa Manon	Relationship: Friend		
Address: MCB Quantico, Va	Phone #: 678-618-5877		

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 SMAR Form No. 603

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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 $\frac{1}{1}$ $$
A security deposit in the sum of two thousand Dollars (\$_2000.000) 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

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:	Mkenneder	201979 Jan
		Date: Ox / (A / Ox/)



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