





Applicant's Name: Michael Jones	NTAL APPLICA	TION	
Application is made to lease property located at 18 B	RIGHTOAK COURT.	PARKVILLE, MD 2123	34
for monthly rental of \$ 2,400.00 Lease Term: 12 - 18 mo Move-in Date: 11	Security Depos	it: \$ 2,400.00 ve-out Date:	
Additionally, an Application fee of \$ 95.00 authorized property manager for the credit/consumer including each prospective occupant is subject to Lar approved and accepted, the applicant agrees to exec month's rent (as required by Landlord) within three (3	("the Ap	plication Fee") is to be use application with the unde ed property manager appro	d by the Landlord or his duly restanding that this application, oval and acceptance. When so
SPECIAL LEASE REQUIREMENTS: Military/Dip Contingencies/Special Equipment:		No	
OCCUPANTS: The premises are to be occupied only Total Number of Occupants: 5 Name: Jacqueline McCray Name: Tiana Thomas Name: Tamera Pino Name: Taylor Pino Pets: Dog: Breed: Wei		Age: 39 Age: 2) Age: 17 Age: 10	
How many pets total? AUTOMOBILES, MOTORCYCLES, TRUCKS, B Total Number of Vehicles: Type/Make: Lexus Es 350 Y Type/Make: Y Are any of the above commercial vehicles? If so, which	OATS, AND TRAILE	38:	State: MI) State:
Type/Make:Y Are any of the above commercial vehicles? If so, which	rear: Tag #:		State:
All motor vehicles or trailers shall have current licens (not in fire lanes or on the lawn), OR AS REQUIRED In compliance with federal fair housing regulations color, religion, national origin, sex, physical or methy State of Maryland or local jurisdiction law.	ses and may be parked (BY THE CONDOMINATION OF THE PROPERTY Shall be	ONLY in garages, drivewantum OR HOMEOWNE	ays, if provided, on the street ER'S ASSOCIATION.
For Office Use Only Date Application Received by Agent/Broker:			
Applicant's Name: Michael Jones Birth Date: 9/17/63		SS#: 213-	88-3444
Driver's License # or Government-Issued ID #:	520-603-830	7-72/ State:	MD
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Home Phone:		Te	mnorary Local t	(if applicable):			
Office Phone:	410-306-323	. 3 M	obile Phone:	1110-97	7- 1266		
Current Address:	9415 Kilbrio St	le C+	D = = 1	Hall		41 1	
	St	reet	Perry	City		Ma	21128
Own Rent	Years: 10 MO Agent: 01,1			D .//.4	_	State	Zip
Present Landlord/	Agent:	va Walf		Kent/Mortgage	e Payments:	S 15.	50 70
Reason for moving	: We re	ed more	room a	81,2140	Phone:	710-45	Zip 50 8-6652
				- Civolog	Space		
•	ddresses for the last five you rented. (Use addition	e years including nal sheet if neede	g period of stay	in each and the n	ame and tel	lephone num	ber of Landlord/
Previous Address	29 Dalling to Str Name: Scott	n Ct	Per	ry Hall		md	21128
Landlard/Agantia N	المسمد في المسلم	D = / -		City		State	Zip
From (Date):	10V 2016	To: NOV	Manag	ement	Phone: Mont	<i>860</i> − hly Rent: \$	1550
Previous Address:							,
		eet		City		State	Zip
Landlord/Agent's N	lame:			·	Dhono		-
From (Date):	lame:	_To:			Mont	hly Rent: \$	
Current Employer	. 1	· · / · \	/			_	
Position: Ope	rations Research 20 Rodman Ro Stro	rch Anal	Vist	How Lon	0 31	1155	
Address: 413	20 Rodman Ro	ad		4P6	5	411	21005
	Stre	eet		City		State	Zin
If employed less tha	n one year with current	employer, give pr	evious employn	nent information:			
Position:			How Long		Gross In	icome: \$	
Address:	Stre						
	Sile	eı		City		State	Zip
Supervisor:			Super	visor's Phone:			
minicalate withten c	FUSES to verify application of such information of such information of such information US tax	imiation, it annii	by phone, it sh cant is self-emp	all become the re loyed, attach cop	sponsibility ics for past	of the appli two years o	cant to provide f individual US
CURRENT GROS	S ANNUAL INCOME:				•		
Base Pay	:\$ 126,062	_		Co	mmissions:	\$	
Overtime	: \$			Div	vidends:	\$	
Bonuses:	\$			Oth	ner:	\$	
				то	TAL:	s	
ASSETS:	-				,		
hecking Account:	\$ 7,000	_ Bank: Free	dom Federa	1 Credit U	ion Acci	# ·	
Savings Account:	\$	Bank:			Acct	#: ———	
Credit Union:	\$	Name:			Acct	tt.	
Other Assets: TOTAL:	\$s	_(Specify)					
11/1/41.	-SI						

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LIABILITIES: (Auto Loans, Mortgages, Credit Cards, Bank Loans, Installment Loans, Student Loans, etc.)

DISCOVEC	Total Due	Monthly Terms
_ Ally	\$ <u>1670</u>	\$ ne \$ 60
MECU	\$ 21,000	\$ 8529
	\$ 9,000	\$ '469
one Main Financial	\$ 10,000	\$ 334
	\$	\$
	\$	\$
	\$\$	\$
	\$	\$
TOTAL:	\$	\$
Have you ever filed for bankruptcy? Yes No Date: Do you have suit for judgements against you? Yes No Citizen of (Country): Emergency Contact: Tacqueline MeCray Address: 9415 Kilbride C+ Perry Hall, Md	Passport #: Relationship: F Phone: 4	ignce 110-387-9216
Name: Akeil Johns Address:	Relationship:	Friend
Name: Tykell Johns Address:	Relationship:	443-857-2465 Friend 443-506-3798

The applicant hereby authorizes Landlord/Property Manager 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 Landlord/Property Manager from any liability whatever for rejection of this application due to credit information or any other reason."

Upon demand made by Landlord/Property Manager, at any time during the applicant's tenancy or thereafter, Landlord/Property Manager is hereby authorized to release any information contained in this application to any consumer reporting agency, credit bureau, or other investigative agencies. The truth of the information contained herein is essential, and if the Landlord/Property Manager determines that any answer or statement contained herein is false or misleading, any lease granted by virtue of this application may be canceled at the option of the Landlord/Property Manager. This application shall become part of any lease agreement executed between the Landlord and/or Property Manager and the applicant, and ANY FALSE OR MISLEADING statement shall be considered a SUBSTANTIAL breach of said lease. 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.

THE FOLLOWING PARAGRAPHS APPLY TO MARYLAND PROPERTIES ONLY.

- 1. The provisions of the foregoing Paragraph 1 do not apply to any Landlord/Property Manager who offers four or less dwelling units for rent on one parcel of property, or at one location, or to seasonal or condominium rentals.
- 2. I certify that I have received and carefully examined a copy 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.

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3. Should I sign a lease for the above-referenced property managed by Landlord/Property Manager, I am prepared to deposit with the Landlord/Property Manager 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 security deposit will generate simple interest which will accrue at the legal rate less any damage rightfully withheld from the security deposit. If a security deposit is required, I understand that I may make a written request to the Landlord/Property Manager within fifteen (15) days of the date of occupancy for a list of all existing damages.

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 BOTH THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID.

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages I through 5 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.

APPLICANT SIGNATURE Michael S	des
Date: 9/18/18 Check: \$	Cash: \$ 95
Leasing Broker: TAYLOR PROPERTIES 175 Admiral Cochrane Dr	Broker Code:
Address: Annapolis, MD 21401-7316	Phone: (800)913-4326
LeasingAgent: ALI RAZA	Phone: (443)831-2003