



STRYKE & ASSOCIATES

POB 141 Highland, MD 20777

Professional Rental Property Management

Phone: 301-854-9500

Applicant Name(s):

GEORGIA CHIAMBA

Application is made to lease property located at

12335 QUIET OWL LANE BOWIE

For monthly rental of \$

2150.00

Security Deposit: \$

2150.00

MD 20720

Lease Term:

One year

Move-in Date:

February 5th

A non-refundable fee of \$50.00 per person is to be used in full by Stryke and Associates for the application fee/consumer check and processing the application with the understanding that this application, including each prospective occupant is subject to Landlord's approval and acceptance. When so approved and accepted, the applicant agrees 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 five (5) days after being notified of acceptance and before possession is given. The fee is to be paid in cash or any secure funding such as a cashier's check, money order and etc. We do not accept personal checks.

SPECIAL LEASE REQUIREMENTS: Military/Diplomatic Clause: Y\_\_\_ N\_\_\_

OCCUPANTS: The premises are to be occupied only by the following number of occupants:

Total Number of Occupants:

3

Name:

NINDYAM Chiamba

Age:

15

Name:

ALBERTA Chiamba

Age:

9

Name:

Age:

Name:

Age:

Name:

Age:

Pets: Dog: NO Cat: NO Other:

How many pets total?

N/A

AUTOMOBILE, MOTOR CYCLES, TRUCKS, BOATS, AND TRAILERS:

Total Number of Vehicles:

2

All motor vehicles or trailers shall have current licenses and may be parked ONLY in garages, driveways, if provided, on the street (not in fire lanes or on the lawn), OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S ASSOCIATION. In compliance with Federal fair housing regulations. The Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State of Maryland, District of Columbia or local jurisdiction law.

Applicant's name: GEORGIA Personal Information: CHIAMBA

Birth Date: 02/19/1977 SS#: 215 85 0720  
Driver's License # or Government-issued ID #: \_\_\_\_\_ State: MD  
Home Phone: 443 704 4865 Temporary Local # (if applicable): \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Current Address: 16503 GOVERNOR GREEN BRIDGE RD # 306  
BOWIE MD 20716 Street City State Zip

Own \_\_\_\_\_ Rent ☒ Years at this address: 18 months Rent/Mortgage Payment: \$ 2200  
Present Landlord/Agent: Galeen Green Appl Phone: 301 352 7300  
Reason for moving: Lease expired

List all previous addresses for the last five years including period of stay in each and the name and telephone number of landlord/Agent from whom you rented. (Use additional sheet if needed).

Previous Address: 5201 Charles Hill Blvd Upper Marlboro MD  
Landlord/Agent's Name: F. Wawie Street City State Zip 20772 Phone: 443 762 6390

From (Date): 2013 to 2017 Monthly Rent: \$ 1600  
Previous Address: \_\_\_\_\_

Landlord/Agent's Name: \_\_\_\_\_ Street City State Zip \_\_\_\_\_  
From (Date): \_\_\_\_\_ to \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip \_\_\_\_\_

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
From (Date): \_\_\_\_\_ to \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Current Employer: Amedisys Home Health

Position: Registered Nurse Gross Income: \$ 80,000 How Long: \_\_\_\_\_  
Address: 1401 Merchant Lane # 351 Upper Marlboro MD 20774  
Supervisor: Crystal Street City State Zip \_\_\_\_\_ Supervisor's Phone: 301 322 6023

If employed less than one year with current employer, give previous employment information:

Previous Employer: The Arc  
Position: Registered Nurse Gross Income: \$ 65000 How Long: 2 years  
Address: \_\_\_\_\_  
Street City State Zip \_\_\_\_\_

Supervisor: Michelle 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.

Assets: The following information is optional, but it might help in confirming your financial stability and status.

Checking Account: \$ 2000 Savings Account: \$ 21000 Credit Union: \$ \_\_\_\_\_

Other Assets: \$ \_\_\_\_\_ Specify: \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_

Have you ever filed for bankruptcy? No X Yes \_\_\_\_\_ Date: \_\_\_\_\_

Do you have suite for judgments against you? No X Yes \_\_\_\_\_

If you are not a US citizen or permanent resident, please fill in the following:

Citizen of (Country): USA Status: \_\_\_\_\_ Passport #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The applicant hereby authorizes Stryke and Associates to order and obtain a credit/consumer report. I hereby authorize the 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.

If the Landlord/Agent determines that any answer or statement contained herein is false or misleading, any lease granted by virtue of this application may be cancelled at the option of the Landlord/Agent. This application shall become part of any lease agreement executed between the Landlord and/or Agent 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.

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 approved. I further understand that the lease must be signed by 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 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, affects my application unfavorably.

Applicant(s) signature(s):

Gregory Cencusa

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_