Prince George's County Association of REALTORS®, Inc. **RENTAL APPLICATION: Part I - Disclosure**



Please print clearly and complete all blanks on Part I and Part II of this Form.

Date07/17/2018		
Application is made to lease premises known as	Cloverdale Dr, payable monthly i	Oxon Hill, MD 20745-1520 n advance on the first day of each month on the eposit: \$
Lease Term: Date Start:		Date End:
A deposit in the sum of Dollars (\$	T IN WHOLE OR IN Il by Listing Broker for ling each prospective or agree(s) to execute a leader.	the credit/consumer check and processing the ecupancy, is subject to Landlord's approval and ase and to pay any balance due on the security
possession is given. In the event the application is approved, b	out the applicant(s) REI	USE(S) TO SIGN A LEASE WITHIN THE
TIME PROVIDED HEREIN, then the Landlord/Agent SHADEPOSIT actually expended as a result of this application, but forth above. The balance of the deposit, if any, shall be communication, by either party to the other, of a decision that accepted by Landlord, the deposit shall be returned in full to hereby waive(s) any claim for damages for reason of non-accept	t only to the extent such returned to applicant v no tenancy shall occur. the applicant within fift	expenditures exceed the non-refundable fee set within fifteen (15) days of receipt of written In the event the application is not approved and teen (15) days of such action. The applicant(s)
		(Initials:)
SPECIAL LEASE REQUIREMENTS: Waterbed: Yes No Pets: Yes No Special Equipment: Other needs and/or requirements:		
I/we, the undersigned applicant(s) affirm under the penalties of application and that my/our answers to the questions on this application and belief and that I/we have not knowingly with application unfavorably. APPLICANT(S)' SIGNATURE(S): Adadeji Ajaodola	plication are true and co held any fact or circums	errect to the best of my/our personal knowledge, stance which would, if disclosed, affect my/our
Checks: \$ \$		
Leasing Broker:	Broker Code:	
Address:		Phone:
Leasing Agent:	MRIS #:	Phone:
	ounty Association of REALTC this Form should be destroyed Page 1 of 5	

Date Application Received:	Consumer/Credit Re	eport Ordered:	
Office/Owner Approval:	Denied:	Date:	
Comments:			
Deposit Returned: Date:		Withheld: \$	
Reason:			

Maryland Law requires that all applications for leases must contain certain information regarding the liabilities and rights of applicants. Certain liabilities which the prospective Tenant incurs upon signing this application will be enumerated herein. In addition to these liabilities, there are certain other liabilities and rights which the prospective Tenant has under Maryland Law.

- 1. 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 Maryland Real Property Code, and these fees exceed \$25.00, then the 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.
- 2. If, within 15 days of the first to occur of occupancy or signing a lease, a Tenant decides to terminate the tenancy, the Landlord/Agent may also retain that portion of the fees which represent a loss of rent, if any, resulting from the Tenant's action.
- 3. The provisions of the foregoing Paragraphs 1 and 2 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.

The applicant(s) hereby authorize Listing Broker/Landlord to order and obtain a credit/consumer report from a credit/consumer reporting agency to be used in conjunction with this transaction when the applicant(s) has made application for tenancy. 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(s) hereby authorize 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. Cost of said credit/consumer report is to be paid for by applicant(s) at time of submitting this application.

The truth of the information contained herein is essential, and 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(s), 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. If Landlord is out-of-state or overseas, it may take longer to obtain formal approval of tenancy.

I/we 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/we further understand that the lease MUST BE SIGNED BY BOTH THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID. Should I sign a lease for a dwelling unit 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 is determined in accordance with section 8-203, Real Property Article, Annotated Code of Maryland. 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 for a list of all existing damages.

I/we understand that any or all of the information given here may be used by the Landlord and/or its Agent to determine my/our reputation for meeting my/our financial obligations and my/our respect for the property of others. I/we freely give my/our consent to Listing Broker/Landlord to consult with any of the persons named or not named who have direct knowledge of my/our financial reliability.

I/we certify that I/we have received and carefully examined a copy of the Standard Dwelling Lease form and any addendum that may be used in conjunction with the Lease. 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: **GAS, OIL, ELECTRICITY, WATER, SEWER, REFUSE,** where applicable, and will pay deposits therefore, if required.

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Previous editions of this Form should be destroyed.





Prince George's County Association of REALTORS®, Inc. RENTAL APPLICATION: Part II - Applicant Information

Must accompany Part I - Disclosure of Rental Application

Applicant's Name: _	Adedeji Ijaodola	Birth Date:	05/29/201 _{85#:}	220963450
Driver's License #:	i234031031404		State:	MD
Home Phone:	To	emporary Local # (if	applicable):	
Office Phone:		Cell Phone:	718 613 9196	j
Email Address #1:	dejirare@yahoo.com	Email Addre	ss #2:	
Present Address:	16420 ellipse ter Bowie Md			_ Zip:20716
☐ Own ☑ Rent	Years:5 years Rent/Mtg. Pymts: \$	\$1900		
Present Landlord/Ag	gent: LaRhonde Patterson		Phone:	2027467621
-	ddresses for the last five years including whom you rented. (Use additional sheet if		n each and the name	e and telephone number of
Address:	Zip:		_ From:	To:
Landlord/Agent's Na	me:		Phone:	
Address:	Zip:		_ From:	To:
Landlord/Agent's Na	ame:		Phone:	
Applicant's Employe	r:Ruby Tuesday		Position:	General Manager
	16451 Excalibur way Bowie MD 20			
Supervisor:	Anthony Williams		Supervisor's Phone:	3016424609
If employed less than	n one year, give previous employment inform	mation:		
Previous Employer:			Position:	
Address:			How	Long:
Supervisor:			Supervisor's Phone:	
•		ons: \$ \$ \$ \$		

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PGCAR Form #1103 Rental – Rental Application Part 1, Disclosure

Page 3 of 5

Rev. 10/16

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:	\$3000	D 1	PNC	A got #:	
Checking Account: \$ Savings Account: \$	\$5000	Bank: Bank:		Acct. #	
	Ψουσο	Dalik		Acct. #:	
TOTAL: \$	\$8,000	(speen)			
LIABILITIES:	Credii	tor		Total Due	Monthly Terms
Auto Loan:			\$	Total Buc	\$
R.E. Mtg.:			<u> </u>		\$
Credit Cards:			<u> </u>		\$
			Φ.		\$
Bank Loans:			\$		\$ \$
Personal Loans:			\$		\$
Alimony:			<u> </u>		\$
Child Care/Support:			\$		\$
Suits/Judgments:			\$		\$
		TOTA			\$
OCCUPANTS. No.	mber of Adultor	1	Number of Children	n.	
Name:	moet of Adults	<u> </u>	A oe	n: Relationship: _	
Name:			Age:	Relationship: _	
Name:			Age:	Relationship:	
Name:			Age:	Relationship:	
Name:			Age:	Relationship:	
AUTOMOBILES:		V	T #	C4-	4
Type/Make:		Year:	1 ag #:	Sta	te:
Type/Make Type/Make:		1 car Vear:	1 ag # Tag #·	Sta Sta	te:
Туре/маке.		1 car.	1 ag #	Sta	ic
MOTORCYCLES, TRU	CKS BOATS AND TI	DAII EDC.			
Type/Make tovot	ta Avalon	Vear 2006	Tag #·	Ste	te:
Type/Make:toyot Type/Make:	<u> </u>	Year:	Tag #:	Sta	te:
Are any of the above co					
All motor vehicles or tr in fire lanes or on the la	ailers shall have currentwn), OR AS REQUI	nt licenses and mar	y be parked ONLY ONDOMINIUM O	in garages, driveways, if pR HOMEOWNER'S ASS	provided, on the street (n
Citizen of (Country): _ Diplomatic Clause req	United	I States No Length of Stay	Passpor	rt #:	
				Explanation	:

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PGCAR Form #1103 Rental – Rental Application Part 1, Disclosure

Page 4 of 5

Have you ever been sued for non-payment of rent or been evicted for non-payment?: Yes No If "Yes," please explain:		
Nearest Relative Name: Talia Caviness Address: Talia Caviness 13306 finsbury ct laurel MD 20708	_ Relationship: _ Phone: _	Sister (240)413-4507
LOCAL REFERENCES: Name: Anthony Williams Address: 8881 Branch Ave, Clinton MD 20735 Name: Talia Caviness	_ Relationship: Phone: Relationship: _	301-642-4609
Address: 13306 finsbury ct laurel MD 20708	Phone:	(240)413-4507
I have // have not given my present Landlord notice of my intention to vaca Reason for vacating is:	te.	
Applicant's Signature:	Date:	07/17/2018