



# LEAST COMPLETE ALL PARTS COMPLETELY TENANT MUST COMPLETE ALL PARTS

our intention to vacate? (check one) TYPES or NO	Have you given your current Landlord/ Agent notice of yo
	Current Landlord's/ Agent's Phone #:
	Current Landlord's/ Agent's Name:
and to they si prisuof	Current Monthly Rent/ Mortgage Payment: \$
Number of Years at Current Address:	Do you currently (check one) 🗖 OWN or 🛱 RENT
	<b>ИОПТАМЯОНИ БЕЗВИВЕНТИ ТИВЬЕНТОВИТЕ ОТ 101</b>
Sirth Date: 1/31/19985N: (0), -(00-3105)  Cell Phone #: 559-788-4177  TTM 6VE M 7/2/1	Driver's License #:  Current Address: PLO 2812  Current Address: PLO 2812
, 500.110111	Applicant's Name: Moco V Milled A.S.
	Do sny occupants smoke (check one) TYES or MONORING
:9gA	Name:
-Age: Relationship:	Name:
-Age: Relationship:	Иате:
Age: Age: Age: Age: 98A	Name: Long than Chance
Age: 24 Relationship:	Name: Drandon Boone
Age: Relationship: 612 A	Name: AND ACITY
Number of Children:	Number of Adults:
	ОССОРАИТЅ
	Lease Term: 12
End Date: 1 7 U	Security Deposit: \$1,300.00
Start Date:	Monthly Rent: \$1,300.00
payable monthly in advance on the first day of each month on	rhe following terms:
as 1619 Gwynns Falls Parkway, Baltimore, MD 21217	for the TOTAL rent of \$15,600.00
	Application Date: 12 22 2018

Page 1 of 6





King Account: \$ 900 Bank: Golden Long Account #: 408711	OOG :stasse 18				U)	US	ST3SSA 1
king Account: \$ 900 Bank: And Account #: Account #:							:st9ssA 1
King Account: \$ 900 Bank: Golden I Chal Account #: 908711			:# fnuoɔɔA	C.U. Name:			t Union: \$
uo,iun i r ii		2	:#:	gank:			gs Account: \$
CIECCA IMADE	it Union: \$ C.U. Name:	11±30P	T Ched Account #:	Bank: (70 dan		096	king Account: \$
2T122 A TIFA21	king Account: \$ VIU       Bank: All Account #:         gs Account: \$       Bank: Account #:         it Union: \$       C.U. Name: Account #:		Dir 'in',				ST3SSA TNADI
	king Account: \$       Sank:       Month on the count #:         gs Account: \$       Bank:       Account #:         t Union: \$       C.U. Name:       Account #:	ity of the Applicant	ll become the responsibil nation. If Applicant is sel	oyment by phone, it wil rmation of such inform	ifnoo nettten confi	mmi əbivo	Applicant to pr
E: If employer refuses to verify applicant's employment by phone, it will become the responsibility of the Applicant of Schedule C) for the past two years.	E: If employer refuses to verify applicant's employment by phone, it will become the responsibility of the Applicant by phone, it will become the responsibility of the Applicant by provide immediate written confirmation of such information. If Applicant is self-employed, attach send your US tax returns (FORM 1040 and Schedule C) for the past two years.  ICANT ASSETS  Bank:  Bank:  Bank:  C.U. Name:  Account #:  C.U. Name:  Account #:	I of DER YEAR	реск опе) 🗱 МОИТР	o) si əmoonl	0	100 97	YT INCOME: \$
E: If employer refuses to verify applicant's employment by phone, it will become the responsibility of the Applicant p-Applicant to provide immediate written confirmation of such information. If Applicant is self-employed, attach	E: If employer refuses to verify applicant's employment by phone, it will become the responsibility of the Applicant by phone, it will become the responsibility of the Applicant by provide immediate written confirmation of such information. If Applicant is self-employed, attach send your US tax returns (FORM 1040 and Schedule C) for the past two years.  ICANT ASSETS  Bank:  Bank:  Bank:  C.U. Name:  Account #:  C.U. Name:  Account #:			Other:			\$ :səs
Income is (check one) A D D O O O O O O O O O O O O O O O O O	Income: \$ 15.00   Income is (check one)   Income is self-employed, attach or such information. If Applicant is self-employed, attach or your US tax returns (FORM 1040 and Schedule C) for the past two years.    Income is (check one)   Income the responsibility of the Applicant is self-employed, attach or your US tax returns (FORM 1040 and Schedule C) for the past two years.    Income is (check one)   Income the responsibility of the Applicant is self-employed, attach or your US tax returns (FORM 1040 and Schedule C) for the past two years.    Income is (check one)   Income the responsibility of the Applicant is self-employed, attach or your US tax returns (FORM 1040 and Schedule C) for the past two years.    Income is (check one)   Income the Applicant is self-employed, attach or years.    Income is (check one)   Income the Applicant is self-employed, attach or years.    Income is (check one)   Income the Applicant is self-employed, attach or years.   Income th	*		\$ :sbnəbivid			time: \$
Ses: \$\frac{\text{Other:}}{\text{Lincome:}}\$\frac{\text{Other:}}{\text{Other:}}\$\frac{\text{Other:}}{\	Ses: \$  LINCOME: \$ 16.00   Other:    LINCOME:		\$ :5	noissimmoD			\$ :\red
it considered as a basis for paying the rent obligation.  Commissions: \$  Dividends: \$  Ses: \$  Lincome: \$  Income is (check one)   Check one)   Check one)   Check of the Repolicant of the Applicant of provide immediate written confirmation of such information. If Applicant is self-employed, attach of the Applicant of provide immediate written confirmation of such information. If Applicant is self-employed, attach of the Applicant of provide immediate written confirmation of such information. If Applicant is self-employed, attach of the Applicant of provide immediate written confirmation of such information. If Applicant is self-employed, attach	it considered as a basis for paying the rent obligation.  Commissions: \$  10 pay: \$  265: \$  265: \$  265: \$  266: \$  267: \$  267: \$  268: \$  268: \$  268: \$  268: \$  269: \$  2	ot oacoda ton apob	revealed if the Applicant	ed for been emooni ee	separate maintenan	snbbort or	E: Alimony, child
it considered as a basis for paying the rent obligation.  Commissions: \$  Dividends: \$  Dividends: \$  Ses: \$  Lincome: \$  Income is (check one)   Dividends: \$  Income is (check one)   Dividends    Dividends: \$  Ses: \$  Lincome: \$  Dividends: \$  Ses: \$  Lincome is (check one)   Dividends    Dividends: \$  Ses: \$  Ses: \$  Lincome is (check one)   Dividends    Dividends: \$  Ses: \$  S	it considered as a basis for paying the rent obligation.  Pay: \$  Commissions: \$  Income is (check one)   Paying the rent obligation.  Income is (check one)   Paying the rent obligation.  Income is (check one)   Paying the rent obligation of a phone, it will become the responsibility of the Applicant of provide immediate written confirmation of such information. If Applicant is self-employed, attach is sof your US tax returns (FORM 1040 and Schedule C) for the past two years.  ICANT ASSETS  Bank:   Old	ot 020042 for 200b	Tevealed if the Applicant	e income need not be	separate maintenan	o troddus	
Phone #:  ICANT INCOME  The moloyer refuses to verify applicant's employment by phone, it will become the responsibility of the Applicant to provide immediate written confirmation of such information. If Applicant is self-employed, attach	ICENT INCOME:  LEANT NACOME:  LEANT ASSETS  LICENT ASSETS  Bank:  Bank:  C.U. Name:  Phone #:  Phone #:  Commissions: \$  Dividends: \$  Dividen			ed for been enconi ec	1:00	support or	ICANT INCOME
Phone #:  ICANT INCOME  The major of support or separate maintenance income need not be revealed if the Applicant does not choose to pay: \$  Ses: \$  Income is (check one)	ICENIT INCOME:  LE demployer refuses to verify applicant's employment by phone, it will become the responsibility of the Applicant to provide immediate written confirmation of such information. If Applicant is self-employed, attach soft your US tax returns (FORM 1040 and Schedule C) for the past two years.  Bank: All Month H. Count #:  Soft your US tax returns (FORM 1040 and Schedule C) for the past two years.  Bank: All Month H. Count #:  Commissions: \$  Dividends: \$  Dividends: \$  Dividends: \$  Dividends: \$  Dividends: \$  Dividends: \$  Soft wour US tax returns (FORM 1040 and Schedule C) for the past two years.  Bank: All Month H. Count #:  C.U. Name: Account: \$  C.U. Name: Account #:  Account #:		:# əuoyd		1:00	no poort	ICANT INCOME
Phone #:  ICANT INCOME: \$ Dasis to verify applicant's employment by phone, it will become the responsibility of the Applicant of self-employed, attach  Income is (check one)  Income i	Phone #:    CANT INCOME   CANT ASSETS   C.U. Name:   Condition   C.U. Name:		t Dates (Start & End):	Employmen	J19C		ICANT INCOME
Phone #:    Commissions   Comm	ous Employer: SLH - PMD10 LONG   PMD10 PMD10 Position: MMD10 Position: MMD10 Position: MMD10 Position: MMD10 PMD10		t Dates (Start & End):	Employment	- cmployed	—— ———————————————————————————————————	ICANT INCOME rvisor's Name:
ous Employer: Self - PMD 10 CO EMPLOYMENT Position: DMMON.  Position: DMMON.  Phone #:  Commissions: \$  Dividends:	ployed less than one year, provide previous employment information:  Employer: Self - CMDI		Position: OMMO.  The Position: Leart & End):	Employment	Provide previous emp	—— ———————————————————————————————————	ICANT INCOME ous Employer:
Phone #: 400 Mane: And Andrew And Andrew And	Phone #: House: A Name: A Name		Phone #: - U// Cosition: - O// MO = 1	Noyment information:  SVENT PLANMENT  Employment	Dr. Batting	And R one year, p	Visor's Name:  ployed less than
Phone #: 400 Mane: And Andrews Commissions of such information. If Applicant to provide immediate written confirmation of such to provide immediate written confirmation of such information. If Applicant to provide immediate written confirmation of such information. If Applicant is self-employed, attach information. If Applicant is self-employed, attach information of such information. If Applicant is self-employed, attach information is self-employed, attach information. If Applicant is self-employed, attach information info	is a proposed in the provide previous employment information:    Phone #: 410 - 446 - 171	17L1-8hh	Employed Since:  Phone #:  Position:  Dates (Start & End):  Phone #:	Noyment information:  SVENT PLANMENT  Employment	Dr. Batting	And R one year, p	visor's Name:  ployed less than visor's Name:  visor's Name:
cant's Employer: Cant's Employer: Commission: Lead of Since: Commission: Lead of Since: Commission: Co	contribution: State Country Co	17L1-8hh	Employed Since:  Phone #:  Position:  Dates (Start & End):	Noyment information:  SVENT PLANMENT  Employment	DV. DAHMAR DV. DAHM Drovide previous emp PMployed	Patrim Pagle one year, p	ICANT INCOME  visor's Name:  ployed less than
Phone #: 100 Make: A lame: A lame: A lame from the mation of such information:  Phone #: 100 Make: A lame: A l	icant's Employer: Definition on year, provide immediate written confirmation of your US taxterior of the propile of your US taxterior of your US taxteriors of your US taxterior	SICADUNTEN SICADUNTEN SICADUNTEN	Position: L(M) (1)  Employed Since:  Phone #:  Position: (M) (1)  Phone #:	DOUNG POUND TO STREET OF S	DV. DAHMAR DV. DAHM Drovide previous emp PMployed	R INFORM.	ICANT EMPLOYE:  cant's Employer:  ployed less than  ployed less than
Commissions: Shaployer: Commissions: Start & Employed Since: 100 Moved less than one year, provide previous employment information:  Townston's Name: Provide previous employment information: Phone #: 100 Moved Since: 100 Moved	Ord's/ Agent's Name:    Count Employer: Agent's Name:   Commission:   Co	SIGDUNTSM SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN	Alord's/ Agent's Phone #:  Position: L(M) (1)  Phone #:  Phone #:  Phone #:	DOUNG POUND TO STREET OF S	DV. DAHMAR DV. DAHM Drovide previous emp PMployed	R INFORM.	ord's/ Agent's Name:  cant's Employer:  cant's Employer:  cant's Employer:  cant's Employer:  cant's Employer:
Ording: Spent's Name:  Cant's Employer: Description: Commission: Employed Since: Commission: Commission: Commission: Commission: Commission: Commission: Site Considered as a basis for paying the rent obligation. Commissions: Site Considered Since: Commission: Commission: Commission: Since: Commission: Commission: Commission: Since: Commission: Commission: Since: Commission: Commission: Since: Commission: Commission: Since: Commissio	ord's/ Agent's Name:    Commissions:   From: To:   Fro		From:  Alord's/ Agent's Phone #:  Position: L(M) (1)  Phone #: L// (1)	Land by Doung by Doung by Doung by Doung by Doungtion:    Downent information:   Dung by Dung	DV. DAHMAR DV. DAHM Drovide previous emp PMployed	RINFORM:  RINFORM:  RAGE  ANGE  ANGE	ord's/ Agent's Name:  cant's Employer:  cant's Employer:  cant's Employer:  cant's Employer:  cant's Employer:  cant's Employer:
Ord's/ Agent's Name:    CANT INCOME   Considered as a basis for paying the rent obligation.   Commissions: \$   Commissions   Com	10: Grant Employer: Agent's Name: Eromination: Lindowski Singer Strain one year, provide previous employment information: Phone #:  10: Grant Employer: And Commission: Commissions: Almony, child support or separate maintenance income need not be revealed if the Applicant does not choose to ployed less than one year, provide previous employment by phone is (check one) Commissions: Almony, child support or separate maintenance income need not be revealed if the Applicant does not choose to it considered as a basis for paying the rent obligation.  Commissions: Dividends: Commissions: Commissions: Almony of the Repplicant of Employed, attach income is (check one) Commissions: Commissions: Bank: Month of Selections of the Applicant is self-employed, attach income is check one) Commissions: Co	101 - 100 Sp. 2100 Sp	Alord's/ Agent's Phone #:  Alord's/ Agent's Phone #:  Position: \( \int \lambda \) \( \int \lambda \rangle \rangle \) \( \int \lambda \rangle \rangle \) \( \int \lambda \rangle \rangle \rangle \) \( \int \lambda \rangle \rangle \rangle \rangle \) \( \int \lambda \rangle \ra	Land	ATION  OVE OUTWAY  OVENIOUS EMP  SEMPLE OUTS  POSSIBLE OUTS  OVENIOUS EMP	ame:	ord's/ Agent's Name:  ord's/ Agent's Name:  ord's/ Agent's Name:  ord's/ Agent's Name:
2T122A TIAA2I	it Union: \$ C.U. Name:Accoun	lidisno ləs si	Il become the responstion. If Applicant sears.	Income is (c)  yment by phone, it wil rmation of such inform le C) for the past two y	ifnoo nettten confi	mmi əbivo Pəl) sırınsər	IL INCOME: \$  5: If employer resers of your US tax
	it Union: \$ C.U. Name: Account #:	HERUB	"# tanossa Lines 2	Bank. (210) de 10		096	
Majun' 1 P 11	it Union: \$ C.U. Name:	111.001				00/	
King Account: \$ 900 Bank: Cholden I chell Account #: 908711							1000 MB 0000 W
King Account: \$ 900 Bank: Golden Luck Account #: AUBTI							





	:(s)ə8\	Weight(s):
		Type of pet(s)/ service animal(s) (include breed):
ber(s)/ service animal(s):	E) TIMES OF DINO HOW MANY	Do you have any pets (non-service animals) (check one
("		□ YES ON □ NES
Department of Justice? (check one)	ericans with Disabilities Act or	Do you haye a Service Animal as identified by the Am
	gent acceptance of pets.	Indication of pets below does not guarantee Owner\
		PETS & SERVICE ANIMALS
		All motor vehicles or trailers must have current lic provided, or on the street (not in fire lanes or HOMEOWNER'S ASSOCIATION.
	ON 57 10 67 1 17 (2110 1/22)	If so, which one(s):
		Are any of the above vehicles commercial vehicles (cho
	Year: Tag	Type/Make:
#: State:	Year: Tag	Type/Make:
	0	MOTORCYCLES/ LARGE TRUCKS/ BOATS/ TRAILERS:
	Year: Tag	Type/Make:
#: 617 6608 State: (A	Year: 000 (0 Tag	Type/Make: Hond Ck-V
		AUTOMOBILES:
	РКОРЕКТУ	APPLICANT'S VEHICLES THAT WILL BE AT THE RENTED
duce: \$	LIA8 770YA9 JATOT	TOTAL MONTHLY PAYMENTS: \$
Payoff Balance: \$	Monthly Payment: \$	Suits/ Judgments:
Pay Until:	Monthly Payment: \$	Child Care\ Support:
Pay Until:	Monthly Payment: \$	:ynomilA
Payoff Balance: \$	Monthly Payment: \$	Personal Loan (Creditor Name):
Payoff Balance: \$	Monthly Payment: \$	Вапк Loan (Bank Name):
Payoff Balance: \$ 1100	Monthly Payment: \$ 1/9	Credit Card (Name): Mr. Coft Apple
Payoff Balance: \$ 999	Monthly Payment: \$ 109	Credit Card (Name): Wank of America
	Monthly Payment: \$ 199	Credit Card (Name): [ Mol Tall One
Payoff Balance: \$ 642997	Monthly Payment: \$	Mortgage (Company):
Payoff Balance: \$	Monthly Payment: \$	Auto Loan (Company):
	Monthly Payment: \$ 10	Auto Loan (Company): [ Capital () M.
12 - 0 - 0 - 1		APPLICANT LIABILITIES

	d →	Address: 495 Shields ave Tresho,
elationship: MM Frithd		Name: Healthor Licht
12+1-8hh-1h :# Duoy		Address: 1900 Eagle Dr.
elationship: 60 Pervisor	A .	Name: AVI RUDINSKY
884F - 018-014 :# anon	9 AM MAR	Address: 4852 Long Burean Pd. (1UM)
elationship: 805	A	Name: Mand (ASAIIO
		Do not include family members.
		FOCAL REFERENCES
L160 652 659 :# Duoy	of CA b	Address: (924 E. Andrews ONE. FER
elationship: Mother		Nearest relative's name: ROLINI A I PAR
		IN CASE OF EMERGENCY
date of conviction; charge for which	gnibulani, including	Have you or anyone indicated above ever been convicted of a felo If yes, please attach specific information regarding felony co convicted; sentence imposed; whether sentence has been con
		Explanation:
YES ON TO	ted (check one) 🔲	Have you ever been sued for non-payment of rent or been evic
		Explanation:
Date Discharged:	Date Filed:	Have you ever filed bankruptcy (check one) TYES or TMO
	NO	BANKRUPTCY/ NON-PAYMENT/ EVICTION/ FELONY CONVICTION
	Length of stay:	Military transfer clause needed? (check one) TYES or (NO
	 γευθίη οξ εταγ:	ACTIVE DUTY MILITARY Military transfer clause needed? (check one) TYES or (NO
	γευθίρ οξ εταγ: 	ACTIVE DUTY MILITARY
	_	
ECHYPOR TONG MA FORE	 :Λοις	SPECIAL LEASE REQUIREMENTS  Do you need any special lease requirements?  Special equipment needed or necessary modifications to accompipitation of the properties of the prope

## 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 (Rev 07/2015)





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.

within	communication by either party to the other of a decision that no tenancy shall occur. In the event the applican not approved and accepted by Landlord, the security deposit shall be returned, in full, to the applicant fifteen (15) days of such action. The applicant(s) hereby waive(s) any claim for damages for reason of non-accep
netten	<b>PORTION OF THE APPLICATION FEE</b> actually expended as a result of this application. The balance of the appli fee and security deposit, if any, shall be returned to applicant within fifteen (15) days of receipt of w
(s)tnsc TAHT	notified of acceptance and before possession is given. In the event the application is approved, but the application of screets and before possession is given. In the event the application is approved, but the application of screen and selection is approved, but the application of screen and selection is approved, but the application of selection is approved, but the application is approved.
adt no	When so approved and accepted, the applicant(s) agree(s) to execute a lease and to pay any balance due of security deposit and/or the first month's rent (as required by Landlord) within
rewith NT IN	A security deposit in the sum of Dollars (\$ Dollars (\$ WHICH SHALL BE APPLIED TO THE SECURITY DEPOSIT UPON SIGNING THE LEASE OR RETURNED TO APPLICAL WHOLE OR IN PART AS HEREINAFTER PROVIDED).
eh the	An application fee of Dollars (\$

#### **REVIEW OF LEASE**

of this application.

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 disclosure of the information contained in any consumer report obtained to Landlord/Agent. 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 any consumer report obtained by Agent to Landlord and or Landlord's authorized representative.

Applicant's Signature:

Date: Date:

©2015 Southern Maryland Association of REALTORS®, Inc. All rights reserved. For use by REALTOR® members of the Southern Maryland Association of REALTORS®, Inc. only. Except as negotiated by the parties, this form may not be altered or modified in any form without the prior written consent of the Southern Maryland Association of REALTORS®, Inc. Rev. (07/15)

