

## APPLICATION FOR TENANCY

**Applicant** (Full Name) Ms. Suzette Rana Taylor  
Date of Birth 11-14-72 Social Security Number 215-94-6056  
Present Address 827 Maka RD City Aberdeen State Md Zip Code 21001  
How Long at Present Address 15 yrs Residence Ph. # 443-760-8450 Business Ph. # \_\_\_\_\_  
Monthly Rental Payment \$ \_\_\_\_\_ Landlord Mrs. Betty Manson Phone 410-734-6513  
Reason for Leaving Present Address Land lord aging children selling property Landlord Fax # \_\_\_\_\_  
Previous Address \_\_\_\_\_ City M.D. State \_\_\_\_\_ Zip Code 21601  
Previous Landlord MRS. Betty Manson Phone # (410) 734-6513  
Marital Status: ( ☐ ) Married ( ☒ ) Unmarried ( ☐ ) Separated No. of Dependents \_\_\_\_\_ Ages \_\_\_\_\_  
Driver's License Number T-460-778-730-873 Issued by State of Maryland  
Employer (Business Name & Type) Mr. Stanley Green II No. of Years 2 yrs.  
Supervisor \_\_\_\_\_ Monthly Income \$500.00 Fax # \_\_\_\_\_  
Previous Employer (Business Name and Address) \_\_\_\_\_ No. of Years \_\_\_\_\_  
Additional Income & Source\* \_\_\_\_\_

**Co-Applicant** (Full Name) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
How Long at Present Address \_\_\_\_\_ Residence Ph. # \_\_\_\_\_ Business Ph # \_\_\_\_\_  
Monthly Rental Payment \$ \_\_\_\_\_ Landlord \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for Leaving Present Address \_\_\_\_\_ Landlord Fax # \_\_\_\_\_  
Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Previous Landlord \_\_\_\_\_ Phone # \_\_\_\_\_  
Marital Status: ( ☐ ) Married ( ☐ ) Unmarried ( ☐ ) Separated No. of Dependents \_\_\_\_\_ Ages \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Issued by State of \_\_\_\_\_  
Employer (Business Name & Type) \_\_\_\_\_ No. of Years \_\_\_\_\_  
Supervisor \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_ Fax # \_\_\_\_\_  
Previous Employer (Business Name and Type) \_\_\_\_\_ No. of Years \_\_\_\_\_  
Additional Income & Source\* \_\_\_\_\_

**\*NOTE:** Alimony, child support, or separate maintenance income need not be revealed if the Applicant or Co-applicant does not choose to have it considered as a basis for paying the rent obligation.

### ASSETS:

Name and Branch Office Address of All Accounts	Account Number	Current Balance
<u>APGFCU</u>	<u>23740200</u>	\$ <u>3263.00</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### Automobiles, Boats, Motorcycles:

Type	Make	Year	License No
<u>Dodge</u>	<u>Caravan</u>	<u>2006</u>	<u>T-460-778-730-873</u>
_____	_____	_____	<u>730</u>
_____	_____	_____	_____

Other Assets (describe) \_\_\_\_\_



### LIABILITIES AND ESTABLISHED CREDIT:

List all current debts (if no credit accounts, give references of previous credit). List alimony or child support payments as a debt.

Name and Address of Creditor	Account Number	Monthly Payment	Months Remaining	Approx. Balance
<b>N/A</b>		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Do you have outstanding (unpaid) judgements?

(☐) Yes-if yes, explain below

(☒) No

In the last 7 years, have you been declared bankrupt?

(☐) Yes-if yes, explain below

(☒) No

Other Liabilities (describe)

The following individuals will occupy the property (include ages, if minors):

Do you have any pets? NO How many?        What kind?       

Weight(s)       

Do any occupants smoke? NO

Have you or any individual identified above ever been convicted of a felony crime in any federal or state court?

☐ Yes ☒ No If yes, please attach specific information regarding such felony conviction, including the date of such conviction; the charge for which convicted; the sentence imposed, whether the sentence has been completed and, if the sentence has not been completed, specify the sentence requirements which remain to be completed.

IN CASE OF EMERGENCY please

notify Mrs. Carrie Reynolds

Phone: 443-317-7767 Cell       

Phone:       

### 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 the FCRA, entitled: *A Summary of Your Rights Under the Fair Credit Reporting Act*.

A consumer report fee of \$ 39 (per name) is required with this application and is **not** refundable.



The above information is presented with the understanding that it may be used as a basis for the acceptance of a lease by the property owner or manager. I(we) certify that all information contained herein is true and correct and hereby authorize verification of same. I(we) hereby authorizes disclosure of the information contained herein to the property owner, manager or rental agency (if any), and the credit reporting bureau. I(we) hereby authorizes disclosure of the information contained in any consumer report obtained to the property owner, manager or rental agency.

\_\_\_\_\_

**Co-applicant** **Date**

The Greater Baltimore Board of REALTORS®, Inc. Harford County Association of REALTORS®, Inc.  
Carroll County Association of REALTORS®, Inc. Howard County Association of REALTORS®, Inc.



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