





RENTAL APPLICATION (For Use in Washington, DC)

| Applicant's Name: _ | STEPHANIE U | 11004 | | | and if amilian |
|--|--|--|---|---|--|
| of repriedit s Hair | cANVI INKIL | · u i | | # ×69 | and, if applica |
| Application is made | to lease property located at | 1779 450 | minit AVE I | 1111 101 101 101 1000 | 174 (2) 22 25 |
| for monthly rental o | f\$ 2,700 | 163 1 161 | Security De | mosit: \$ 7 740 | or zues |
| Lease Term: | f\$ 2,700 YEAR Move | e-in Date: JA | IN 1 2:15 Prot | Pusit. a Pusit Date: | An TRO |
| A deposit in the amounderstanding that the authorized property the case of payment | unt of \$ | ach prospectivas no leasehold | (the "Depo e occupant, is sub l interests in the a aced on the check | sit") is to be held by La bject to approval and accerental property until there | andlord/Agent with the ceptance by owner or his desired is a fully executed lease. |
| occupant is subject arising out the Appl cost. When so appro- the first month's rent | plication fee of \$35, check and processing the to Landlord's approval and ication exceed the amount oved and accepted, Application (as required by Landlord) versions. REQUIREMENTS: Militate Equipment: | application will acceptance. So of the Applicant agrees to exwithin three (3) | th the understand Should the actual ation fee, a portic ecute a lease and) business days af | ling that this application, cost expended for a cre- on of the Deposit shall be to pay any balance due of the being notified of accep | including each prospect dit check or other expen- applied to pay such exc in the security deposit and ptance and before possess |
| SPECIAL LEASE | REOUIREMENTS: Milita | ry/Diplomatic | Clause: V Yes | □ No | 1(2) S |
| Contingencies/Speci | al Equipment: | ~ | | 5-5-6 | <u> </u> |
| | | | following # of occ | cupants: | |
| Total Number of Occ Name: Stephani Name: Anvi Inc Name: | upants: Z 2 Ullnich ioul | | | | Age: Age: Age: |
| Total Number of Occ Name: Stephani Name: Anvi Mr Name: Name: | upants: Z 2 Ullnich i oul | | | Total Number of Dogs: | Age: Age: Age: |
| Total Number of Occ Name: Stephani Name: Anvi Mr Name: Name: | upants: Z e Ullnich ioul | | | | Age: Age: Age: |
| Total Number of Occ Name: Stephani Name: Anvi inf Name: Pets: Dog: Br Cat: To AUTOMOBILES. Total Number of Ve | ed: tal Number of Cats: MOTORCYCLES, TRUC | KS, BOATS, | _ Weight: Other: AND TRAILER Tag #: | Total Number of Dogs: How m | Age: 25 Age: Age: |
| Total Number of Occ Name: Stephani Name: Anvi Inc Name: Dog: Br Cat: To AUTOMOBILES. Total Number of Ve Type/Make: | eed: | KS, BOATS, | Weight: Other: AND TRAILER Tag #: Tag #: | Total Number of Dogs: How m | Age: 25 Age: Age: |
| Total Number of Occ Name: Stephani Name: Anvi Inc Name: Dog: Br Cat: To AUTOMOBILES. Total Number of Ve Type/Make: | eed: | KS, BOATS, | Weight: Other: AND TRAILER Tag #: Tag #: | Total Number of Dogs: How m | Age: 25 Age: Age: |
| Total Number of Occ Name: Stephani Name: Anvi Inf Name: Dog: Br Cat: To AUTOMOBILES. Total Number of Ve Type/Make: Type/Make: Are any of the above All motor vehicles of (not in fire lanes or other stephanics). | rupants: Z e Ullnich ioul red: | EKS, BOATS. ear: ar: icenses and rule representations, the F | Weight: Other: AND TRAILER Tag #: Tag #: nay be parked Olic CONDOMIN Property shall be | Total Number of Dogs: How m S: NLY in garages, drivewa; IUM OR HOMEOWNE | Age:Age:Age:Age:Age: |
| Total Number of Oct Name: Stephani Name: Anvi Inf Name: Dog: Br Cat: To AUTOMOBILES. Total Number of Ve Type/Make: Type/Make: Are any of the above All motor vehicles of (not in fire lanes or of the specified by State of the Name of the Name of the specified by State of the Name of the | eed: tal Number of Cats: Ye commercial vehicles? If so retrailers shall have current on the lawn), OR AS REQU federal fair housing regular, national origin, sex, ph f Maryland, District of Col | EKS, BOATS, ear: ear: which ones? licenses and r licenses and r likeD BY TH ulations, the I ysical or men | Weight: Other: AND TRAILER Tag #: Tag #: may be parked Olic CONDOMIN Property shall be tal handicaps, fal jurisdiction lav | Total Number of Dogs: How m S: NLY in garages, drivewa; IUM OR HOMEOWNE e made available to all amilial status or any acw. | Age:Age:Age: |
| Total Number of Occ Name: Stephani Name: Anvi no Name: Dog: Br Cat: To AUTOMOBILES. Total Number of Ve Type/Make: Are any of the above All motor vehicles of (not in fire lanes or of In compliance with race, color, religion specified by State of | rupants: _Z z Ullnich ioul red: | EKS, BOATS, ear: car: licenses and relicenses and r | Weight: Other: AND TRAILER Tag #: Tag #: nay be parked Ol IE CONDOMIN Property shall be tal handicaps, fal jurisdiction lav | Total Number of Dogs: How m S: NLY in garages, drivewar IUM OR HOMEOWNE e made available to all amilial status or any ac- w. | Age: Age: Age: Age: Dany pets total? State: State: State: Provided, on the structure of th |
| Total Number of Occ Name: Stephani Name: Anvi in Name: Dog: Br Cat: To AUTOMOBILES. Total Number of Ve Type/Make: Are any of the above All motor vehicles of (not in fire lanes or of In compliance with race, color, religion specified by State of | eed: tal Number of Cats: MOTORCYCLES, TRUC iccles: Ye commercial vehicles? If so or trailers shall have current on the lawn), OR AS REQU federal fair housing regular patients or pat | EKS, BOATS, ear: car: licenses and relicenses and r | Weight: Other: AND TRAILER Tag #: Tag #: nay be parked Ol IE CONDOMIN Property shall be tal handicaps, fal jurisdiction lav | Total Number of Dogs: How m S: NLY in garages, drivewar IUM OR HOMEOWNE e made available to all amilial status or any ac- w. | Age: Age: Age: Age: Dany pets total? State: State: State: Provided, on the structure of th |

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GCAAR # 1204 Rental Application DC

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2/2018

Taylor Properties, 175 Admiral Cochrane Drive #111 Annapolis MD 20401 Phone: (301) 320-3400 Fax: Jack J. Co Jack J. Cohen

| Please Print Legibly: | Stephanie Ullrich | i. | | | | | |
|---|---|---------------|-------------------------------------|----------------------------------|---------------------------|----------------|----------------|
| Applicant's Name: | rephanie Willia | ^ | | 10 21 | | | |
| Birth Date: US | | L 0 1 20 - | SS#:(| 018-36- | 0594 | | |
| | Government-Issued ID #: _ | D8 158 | | 2 8 8 2 4 | State: _ | CA | |
| Home Phone: N/A Office Phone: 262 | 7.5 5.106 | | Temporary Lo | cal # (if appl | icable): | | |
| Unice Phone: 202 | - 112-5489 | | | | 00-2522 | | |
| E-mail Address: 51ep | haniemanieullrich@gm | ngil.com | E-mail Addres | ss: Sullr | ich@ usaid. | gov | |
| Current Address: | 2204 Q St. NW L | init A | Washingt City | 700 | D(| | 2005 |
| , | Street | | City | | Sta | ate | Zip |
| Own Rent | rears: 1/4 year | D+04 | | | 0/m /sel | f-mb) | |
| Present Landlord/Ager | nt: (Mike) Michae | Kent/M | ortgage Paymer | nts: \$17_9 | Phone: | 240-418- | 6550 |
| Reason for moving | improved location | for 1000 | 222 | | riione | - 1,0 | |
| Have you ever paid late | e? Yes No, If yes, | To: VW K | Lynmare | | | - | |
| | icted? Yes No If y | | | | | | |
| Trave you ever been eve | cled! I res Minor | es, expiain | - | | | | |
| Liet all previous addre | esses for the last five years | s includina | naviad of stay i | n anah and th | e name and tele | nhone numbe | r of Landlord/ |
| Agent from whom you | rented. (Use additional she | s including | period of stay in | n each and ui | e name and tole | phone manner | |
| Agent from whom you | renteu. (Ose additional site | et ii liceded |) | | | | |
| | 217 W 150th Pl | LL A | Nami You | rv | 1 | 14 | 100027 |
| Previous Address: | 317 W. 160 1/2 St. Street | , TA | City | | | ate | Zip |
| T 11 1/A 11- NT | Jason Nash | | City | | | 01-815-71 | 45 |
| Landlord/Agent's Name | 1 2016 To: | Tung 20 | 2019 | Monthly | Rent: \$ 2400 | (2 occup | ants) |
| From (Date):JVIN | 10: | JAIRZ | 12019 | — Monthly | Kent. # | | |
| Pravious Address: | 500 Riverside Dr | cive | New York | | N | | 10027 |
| 116/1003 /10016331 | Street | | City | | Sta | ate | Zip |
| Landlord/Agent's Name | : Anita Haravon | | | G | Phone:2 | 12-316-8 | 436 |
| From (Date): Doc 15 | To: | Dec 3 | 2015 | Monthly | Rent: \$ | 50 (set | -0.1ly) |
| | | | E E E | | | | |
| Cussent Employer | U.S. Agency for | Internat | noral Develo | pment | (LISAID) | -14 | |
| Position: _ Theign_sev | vice officer | | | How Lor | ig: fruy 2 | 7018 | |
| Position: | Penncylvania Ave treet | NW _ | washington | | DC State | 72.0004 Zip | |
| AddressS | treet | City | • | <u></u> | State ervisor's Phone: | 2-07 = 316 | -3196 |
| Supervisor: Dinah | Zeltser | | | Sup | ervisor's Phone: | | 3110 |
| Supervisor | | | | 2 | • | | |
| CURRENT GROSS A | NNUAL INCOME: | | | Commissions Dividends: | s: » | | |
| Base Pay: \$_ | 58,000 | | | rest alto a series and a series. | \$ | | |
| Overtime: \$_ | | | | Other: TOTAL: | \$ 58.0 | neD | |
| Bonuses: \$_ | | | | IOIAL. | \$ | 7.00 | |
| | | | | | | | |
| 7 7V M.E. 20 | ne year with current emplo | yer, give pr | evious employn | nent informat | ion: | | |
| | | | | | | | |
| A+A | United Nations Devi | clarment | Program 1 | THIP) | | | |
| Flexious Dinbiol | | How | Long: 3 yea | | Gross Income | | |
| Position:Consult | US that | New Y | | | | 1001 | 1 |
| Authorities 3 - 1 | リ5歩St treet | City | | | State | Zip | |
| * 1 cm / cm | Bennet | 5.7%A(V#2) | | Sup | ervisor's Phone: | 212-900 | ,-5143 |
| Jupot Floor | ACTUAL CONTROL OF THE PARTY OF | 7 | | | | | |
| | ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ | malosment | by phone it sh | all become th | he responsibility | of the applic | ant to provide |
| IF EMPLOYER REFU | SES to verify applicant's e | anpioyment | og phone, it sh cant is self-emr | ployed attach | conies for past | two years of | individual 119 |

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.

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| Please Print Legibly: Co-Applicant's Name: Anvi Mridul | | | |
|---|--------------------------------|--------------------------|----------------------------|
| pidh Date: 4 April 1992 | | | |
| Driver's License # or Government L. LID W. V.S. | SS#: 019 | -81-0133 | |
| Home Phone: N/A | C18 10 197792 | State: | NA (India) |
| Home Phone: | Temporary Local # (| (if applicable): | |
| E-mail Address: any mridul (holmail | Mobile Phone: | 7-348-3413 | |
| | Jersey City | M. | 5 07304 |
| Street | City | Sta | |
| Own Rent Years: 3+ months Present Landlord/Agent: Aseam Lodha | Oity | . Sta | ie zip |
| Present Landlord/Agent: Aseem Lodha | Rent/Mortgage Payments: \$ | 1,000/month | |
| Reason for moving: Dew Joh in 156 | | Phone: <i>I</i> | 16-380-5381 |
| liave you ever haid late? Vac VIN ve | | | |
| Have you ever paid late? Yes No If yes, Exp Have you ever been evicted? Yes No If yes, | Dain | | |
| in it yes, | expiain | | |
| List all previous addresses for the last five years in | and a second | | |
| Januari (Ose additional sticet i | i needed). | | |
| Previous Address: 536 W 113 St. Street Columbia Univers From (Date): 15 Aug 2016 To: | Nam Vach | NI. | ı lnass |
| Street | City | N State | 7in |
| Landlord/Agent's Name: Columbia Univers | itu | 5ta | 2 -854-03/5 |
| From (Date): 15 Aug 2016 To: | 312 may 2018 M | Phone: 21 | 1-0-1-0365 |
| 10. | 50 1-104 2018 M | onuniy Keni: \$ 1,000 | / mu . |
| Previous Address:Street | | | |
| Street | City | Stat | te Zip |
| andlord/Agent's Name:To:To: | | Phone: | |
| rom (Date): To: | M | onthly Rent: \$ | |
| Current Employer: Innovation Network | | | |
| 4 5 1 | | au Lange Sharpa 2 | De anix |
| osition: ACSOCIATE Address: 1625 K. St NW | Valadoinativa DC | ow Long: Starting 3 | 26,006 |
| Street | City | State | Zip |
| Supervisor: | | | 202-728-0727 |
| Supervisor: | | Supervisors r none. | 20 1-5 0121 |
| CURRENT GROSS ANNUAL INCOME: | Comn | nissions: \$ | |
| Base Pay: \$ 67,500 | Divide | | |
| | Other: | | |
| Overtime: \$ | TOTA | L: \$ 69,00 | 00 |
| | | | |
| If employed less than one year with current employer | , give previous employment in | formation: | |
| 7: 2 | | | |
| Previous Employer: International Rescue C | <i>unmittee</i> | | 7/ |
| Position: Communications Intern | How Long. 2 manific | Gross Income: | s_N/A |
| Address: 122 E, 42nd st. | New York | NY | 10168 |
| Street | City | State | Zip |
| Supervisor: Alyssa Shumaker | | _ Supervisor's Phone: | 646-618-0196 |
| | | | |
| IF EMPLOYER REFUSES to verify applicant's emp | loyment by phone, it shall be | come the responsibility | of the applicant to provid |
| immediate written confirmation of such information. | If applicant is self-employed, | attach copies for past t | wo years of individual U |
| tax form 1040 and self- employment US tax schedule | C. | | |
| | | | |

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APPLICANT/CO-APPLICANT:

| HOUSING ASSIST | in a Housing | RAM: | | , | | | | |
|--|-----------------------------|--------------------|----------------------------|---------|-------------|---------------------------|------------------|------------------------------|
| Are you participating Jurisdiction: | in a mousing A | Assistance Prog | ram? Yes | VN | o If yes, p | lease complete info | o below: | |
| Amount: \$ | * | / | | | | | a. s.seeline | |
| Attach appropriate do | ocumentation. | / | | | | | | |
| ASSETS: | | | | | | | | |
| Checking Account: | \$ 7.000 | | 1.000 | | | | | |
| Control of the contro | \$ 1,580 | ~ <i></i> | 700 | | Bank: | Chase Bank | 1 | Santander |
| Credit Union: | \$ | ——/ <u>—</u> | 800 | | Bank: U | Inia Bank | | Santancier |
| Other Assets: | \$ | | | | | | | |
| TOTAL: | \$ 14,580 | | 1500 | - | (Specify) | | | / |
| LIABILITIES (Aut | o Looma Mari | 724 B | | - | | | | |
| - Auto | o Louns, Mortg | gages, Credit C | ards, Bank Loc | ans, Ir | ıstallment | Loans, Student Loa | ıns, Chile | d Support, Alimony etc.) |
| Creamor | | | Total Due | | | | | |
| A Advantage / | \$ | 1,500 | | 0 | | \$ Full monthly | Monin | ly Terms |
| Capital one | \$ | | | | | S | } | |
| | \$ | | / | 0 | | \$ Full monthly | | |
| Union Brook maskyouta | \$ | <u> </u> | / | O | | \$ Full monthly | | 7 0 |
| | \$ | | | 50- | | s | | / |
| | \$ | · | /_ | | | _ s | | / |
| | \$ | S | /_ | 2 325 | | _ s | | |
| | TOTAL: \$ | 1,500 | | 0 | | \$ 1,500 | | 1 0 |
| Have you ever filed for Do you have a suit for Are you obligated to I If so, indicate monthly APPLICANT: Citize | r Judgments ag pay or reco | eive child s | Yes ☑ No support or pay | | r receive | □ alimony? No. |) 1039° | 7258(diplomatic) |
| | | | | | | r assport # | , 41 14 | 330 (1mr12+) |
| Emergency Contact: | Heidi Ully | rich | | | Relati | onship:Mother | | |
| Address 576 Ou | ian view Ni | 2, Encinitas | , CA 9/202 | 24_ | | Ph | one: 6 | 19-925-0342 |
| CO-APPLICANT: C | itizen of (Cour | itry): <u>Indi</u> | a | | | Passport #: | 5 590 | 4633 |
| | Madk. pl | 1 | | | 200.000 000 | | | E ST V DAY AND DE TO |
| Emergency Contact: Address 70 Sarc | itoga court | , Somerset, | NJ 088 | 73 | Relati | onship: <u>Aun+</u> Ph | one: 7 | 32-535-4882 |
| Name: Mariella Address: 1239 Vi | medina | NW , #100 | 6, Washingt | M D | Relation | onship:Collec | | of stephanie 19-850-6254 |
| Name: Jeremy Address: 1160 | Lakin First St. N | IE, Washing | hn DC 2001 | 02 | Relation | onship: <u>friend</u> | of gra | iduale school 10-858-6921 |
| | | | | | | | | |

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THE FOLLOWING DISCLOSURES ARE REQUIRED BY THE DISTRICT OF COLUMBIA:

| THE POLICE THE DISTRICT OF COLUMBIA: |
|--|
| 1. The housing accommodation is rent-controlled exempt from rent control. |
| 7. A copy of the outliness licence is attached |
| copy of the form for the undersigned |
| 4. The housing accommodation is registered as - (check as applicable) a condominium cooperative is converting to a condominium or cooperative or non-housing use |
| to a condominium or cooperative or non-housing use. 5. The owner of the housing accommodation is the standard of the housing accommodation in the standard of the housing accommodation is the standard of the housing accommodation in the standard of the housing accommodation is the standard of the housing accommodation in the standard of the housing accommodation is the standard of the housing accommodation in the standard of the housing accommodation is the standard of the housing accommodation in the standard of the housing accommodation is the standard of the housing accommodation in the standard of the housing accommodation is the standard of the housing accommodation in the standard of the housing accommodation is the standard of the housing accommodation in the standard of the housing accommodation is the standard of the housing accommodation in the standard |
| |
| 6. The amount of the non-refundable application fee is \$ 3\frac{1}{2\sqrt{100}\cdots}\$. The amount of the initial security deposit is of twelve months or longer, interest on the security deposit shall accrue at the passbook rate prevailing in the DC financial institution in which the funds are held, which rate is re-set every six months (1st of January and 1st of July). Within forty five days after the termination of the tenancy, the housing provider will either (a) return the security deposit plus any interest to the tenant or (b) notify the tenant of the intent to withhold the deposit for defraying expenses incurred pursuant to the lease. If the housing provider intends to withhold the deposit, then within thirty days after notice to that effect the housing provider will give the tenant an itemized statement of the expenses to which the deposit was applied and refund any remaining balance to the tenant. |
| 7. The applicable rent for the unit at the date of this disclosure is \$ 2,700.00 |
| 8. The undersigned acknowledge(s) having been shown all Housing Violation Notices issued by the Department of Consumer and Regulatory Affairs within the last |
| and regulatory Arians within the last twelve months and any Notices issued earlier but still outstanding and having been |
| officied copies. |
| 9. The following petitions or proceedings are pending that could affect the rental unit, whether the rent charged, the services |
| and facilities provided or other matters; Case Number N/A Type of Petition/Proceeding |
| N/A |
| 10. The following surcharges (rent increases that will subsequently be rescinded) are in effect for the rental unit: Case Number NONE Type of Surcharge Amount of Surcharge Date of Rescission |
| 11. Except for a rent increase upon vacancy, the rent charged a rental unit under rent control may be increased no more frequently than once every twelve months. |
| 12. The undersigned acknowledge(s) having been shown the most recent Notice of Change Form filed pursuant to section 205(g)(1)(C) of the Act, relating to change of ownership, management, or services and facilities, and having been offered a |
| copy. 13. The undersigned acknowledge(s) receipt of a pamphlet published by the Rent Administrator explaining the Act and any regulations under the Act as they relate to implementation of rent increases and petitions permitted to be filed by housing providers and tenants. |
| 14. DC's Fair Criminal Record Screening for Housing Act of 2016 prevents unlawful screening of a housing applicant's criminal background. All information on requirements, including model forms, available at https://ohr.dc.gov/page/returningcitizens/housing . |
| The undersigned acknowledge(s) receipt of this disclosure form, the attachment and the pamphlet published by the Rent Administrator (http://newsroom.dc.gov/file.aspx/release/9439/Rent%20Control%20Pamphlet%208.04.06.pdf). The undersigned acknowledge(s) having been shown the other documents, having been offered copies of those documents and having received any copies of documents requested by the undersigned as set forth above. |
| Initials: SU 1 AM |
| ECTRONIC SIGNATURES: In accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic Transactions Act (UETA) and |

ELECTRONIC SIGNATURES: In accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic Signatures in Global and National Commerce Act, or E-Sign (the Act), and other applicable local or state legislation regarding Electronic Signatures and Transactions, the applicant(s) do hereby expressly authorize and agree to the use of electronic signatures as an additional method of signing and/or initialing this application and/or any future contracts or addenda. The applicants hereby agree that either party may sign electronically by utilizing a digital signature service.

Applicant: M / Co-applicant: AM / AM

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AUTHORIZATION TO RELEASE INFORMATION:

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages I through 6 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.

Upon demand made by Listing Broker/Landlord, at any time during the applicant's tenancy or thereafter, Listing Broker/Landlord is hereby authorized to release any information contained in this application to any consumer reporting agency, credit bureau, or other investigative agencies.

The Applicant hereby authorizes Listing Broker/Landlord 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 Listing Broker/Landlord from any liability whatever for rejection of this application due to credit information or any other reason. 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.

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.

| PRINT NAME: Stephanie Ullrich | |
|---|--------------------------------------|
| APPLICANT SIGNATURE: Show Min | Date: 18 Nw 2018 |
| PRINT NAME: Anvi Mridul | |
| CO-APPLICANT SIGNATURE: Avri Midul | Date: 18 Nov 2018 |
| | |
| Date: 18 Nov 2018 Check: \$ | Cash: \$ 76 (venma) (Ostephanie-ulli |
| Leasing Broker: Taylor Properties | Broker Code: TAY1 |
| Address: 175 Admiral Cochran Drive #175 Annapolis, MD 21401 | Phone: (301) 970-2447 |
| Leasing Agent: Jack J. Cohen | Phone: (301) 320-3400 |
| License #/State: SP91607 /DC MRIS # 1850 | |

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