





RENTAL APPLICATION

•	(For Use in Mo	ntgomery County,	Maryland)	
Applicant's Name: A	NGURD I) u wo w		and, if applicable.
Co-Applicant's Name:				
Application is made to lease	property located at			
for monthly rental of \$		Security De	eposit: \$	
Lease Term:	Move-in Date:		Move-out Date:	
understanding that this Appl authorized property manager	ication, including each prospect. The Applicant has no leaseh	ctive occupant, is su old interests in the	bject to approval and acceptar rental property until there is a	ice by owner or his duly
the credit/consumer check a occupant is subject to Land arising out the Application ocst. When so approved and	fee of \$	with the understand e. Should the actual lication fee, a portion execute a lease and	ding that this application, inc I cost expended for a credit con of the Deposit shall be applet to pay any balance due on the	luding each prospective check or other expenses olied to pay such excess e security deposit and/or
Contingencies/Special Equip	REMENTS: Military/Diploma oment:			
OCCUPANTS: The premis Total Number of Occupants:	es are to be occupied only by the	ne following # or occ	cupants:	
				Age:
				_ <u> </u>
				Age:
Pets: Dog: Breed:		Weight:	Total Number of Dogs:	
Cat: Total Num	ber of Cats:	Other:	How many	pets total?
	RCYCLES, TRUCKS, BOAT			
Total Number of Vehicles:			.x .	
Tyne/Make:	Year;	Tag #:	S	tate:
	Year:			
	ercial vehicles? If so, which one			
•	s shall have current licenses ar		NI V in parages driveways i	f provided on the street
(not in fire lanes or on the la	wn), OR AS REQUIRED BY	THE CONDOMIN	NIUM OR HOMEOWNER'S	ASSOCIATION.
race, color, religion, natio	l fair housing regulations, the nal origin, sex, physical or a land, District of Columbia or	mental handicaps,	familial status or any addit	
For Office Use Only: Date	e Agent/Broker:			
Application Received by	Agent/Broker:			

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GCAAR # 1204 MC - Rental Application
(Previously form # 1204)
Taylor Properties, 175 Admiral Cochrane Dr/ Suite 111 Annapolis MD 21401
Phone: 301.318.5959 Fax: 301.610.0776 Jennifer Dre

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Please Print Legibl	y: A-1 (-71)	120 1.	- C 50 m C		
Applicant's Name:	y: ANGUI	- Wu	MON		
Birth Date:	4/16/1969		SS#: 0239t	3938	
Driver's License # o	r Government-Issued	ID#:	0 067 007 29	5 State: MD	
Home Phone:		7	Temporary Local # (if applic	able):	
Office Phone:		M	Mobile Phone: 443	의 14 2 1 1 4 2 1 1	
E-mail Address: 4	ngurodumon	Ayahoo. com 1	Semail Address: Scalas Bury City	<u> </u>	
Current Address	20393 500	Have potro	Sail & Trues	Md	21804
Current Address.	Street 12	ACC Good	City	State	Zin
<i>I</i> I	Васст В	maje read	en, 9		Σip
Own Rent	Years:	Rent/Mor	tgage Payments: \$	2,400-00	
Present Landlord/A	gent:			Phone:	
Reason for moving:					
Have you ever paid	late? Ves No	If yes, Explain			
Have you ever been	evicted? Yes	No If ves. Explain			
,					
List all previous ad	dresses for the last f	ive vears including pe	riod of stay in each and the	name and telephone r	number of Landlord/
•		ional sheet if needed.)			
-		- 			
Province Address	NAIVE A	-PT 304	SALISBUL)	$f M \Lambda$	Z1804
i i evious Addiess.	Street		City	State	Zin
Landland/Agantic Ni	ma Mary 4	FALLSBURY	SALISBURY City APPART MENTS 12018 Monthly R	Bhone 11 (D)	T461419
From (Data): t)		To: Mailar	/ a a . C Monthly P	ant: \$ 1012 G	.00
rioni (Date).	40112011	_ 10. 09.101/	Monthly R	ent. \$	
Previous Address:					
1 1 C 1 Ous Mudicess.	Street		City	State	Zip
			•	Phone:	•
From (Date):		To:	Monthly R	ent: \$	
rrom (Date).				· · · · · · · · · · · · · · · · · · ·	
Current Employer	•				
Position:	•		How Long		
/ tudi 033.	Street	City		State	Zip
				visor's Phone:	•
Supervisor.			Jupe.	71301 3 1 11011¢.	<u>~</u>
CURRENT CROS	S ANNUAL INCOM	TE:	Commissions:	\$	
	\$		Dividends:	\$	····
			Other:	\$	
Overtime: Bonuses:	\$		TOTAL:	*	
Donuses.	\$		TOTAL.	\$	
If employed less tha	n one year with curre	nt employer, give prev	ious employment information	on:	
Previous Employer	•••				
Position:		How L	ong:	Gross Income: \$	
Address:					
	Street	City		State	Zip
		·	Super	rvisor'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.

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Please Print Legibly:				
Co-Applicant's Name:				
Birth Date:				
Driver's License # or Government-Iss	ued ID #:	St	ate:	
Home Phone:		Local # (if applicable):		
Office Phone:				
E-mail Address:	E-mail Add	iress:		· · · · · · · · · · · · · · · · · · ·
Current Address:Street	City		State	Zip
				•
Own Rent Years:	Rent/Mortgage Pays	nents: \$		
Present Landlord/Agent:		Phon	e:	<u>.</u>
Reason for moving:				
Have you ever paid late? Yes	No If yes, Explain			
Have you ever been evicted? Yes	No If yes, Explain			• •
List all previous addresses for the la	st five years including period of sta	v in each and the name ar	d telephone nur	nber of Landlord/
Agent from whom you rented. (Use ac		,	- vivipioni nui	noon or Emmercia
•	•			
Previous Address:Street				
Street	City		State	Zip
		D1		-
Landlord/Agent's Name:	T	Pnone	::	
From (Date):	10:	Monthly Rent: \$		
B :				
Previous Address:Street	Cit		C+-+-	71
			State	Zip
Landlord/Agent's Name:	<u> </u>	Phone	:	
From (Date):	To:	Monthly Rent: \$		
Current Employer:				
Position:		How Long:		
Address:				
Street	City	State		•
Supervisor:		Supervisor's P	hone:	
CURRENT GROSS ANNUAL INC		Commissions: \$		
Base Pay: \$	<u>. </u>	Dividends: \$		
Overtime: \$		Other: \$		
Bonuses: \$		TOTAL: \$		
If employed less than one year with cu	rrent amployer, give previous ampl	ovement information:		
if employed less than one year with cu	irtent employer, give previous empl	syment information.		
Previous Employer:				
Position:	How Long:	Gross In	ncome: \$	
Address:Street				
	City	State	Zi	•
Supervisor:		Supervisor's P	hone:	

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.

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APPLICANT / CO-APPLICANT:

<u>HOUSING ASSIST</u>						
Are you participating	g in a Housii	ng Assistance	Program? Tyes Tyes	No If yes, please comple	ete info below:	
Jurisdiction:	_	_	-			
Amount: \$		_ /				
Attach appropriate d	ocumentatio	n.				
ASSETS:						
	\$		1	Bank:	/	
Savings Account:	<u>*</u>		<u>.</u> /	Bank:		
Credit Union:	<u> </u>			Name:		
Other Accete:	\$		' ,	(Specify)		** *****
TOTAL:	\$		<u></u>	_ (openity)		
<u>LIABILITIES</u> : (Au	to Loans, M	ortgages, Cre	dit Cards, Bank Loans,	Installment Loans, Stud	ent Loans, Child	Support, Alimony etc.)
Credito	r		Total Due		Monthly	Terms
/		_ \$	/	\$		/
/		\$	/	\$		/
		- s	/	\$\$		/
/		\$ <u></u>	/	\$		/
		\$	/	\$		/
		- <u>\$</u>	/	\$\$		/
		- <u>\$</u>		\$		/
 -	TOTAL	- š		\$		<i></i>
Do you have a suit f Are you obligated to	or judgment pay 🔲 or	s against you' receive c	? Yes No	or receive alimony		
APPLICANT: Citiz	zen of (Coun	try):		Passpo	rt.#:	
Emergency Contact:Address			Relationship:	Phone:		
CO-APPLICANT:	Citizen of (C	Country):		Passpo	rt #:	
Emergency Contact	.:			Relationship:		
Address		<u>-</u>			Phone:	
LOCAL REFERE	NCES:					
Name:		Relationship:				
Address:					Phone:	
Name:			15-47-	Relationship:		
Address:			<u>.</u>		Phone:	

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THE FOLLOWING PARAGRAPHS ARE REQUIRED IN MONTGOMERY COUNTY, MARYLAND:

- In the event the Application is approved, but the Applicant FAILS FOR ANY REASON TO SIGN A LEASE WITHIN THE TIME PROVIDED HEREIN, then the Landlord/Agent SHALL BE ENTITLED TO RETAIN ALL OR A PORTION OF THE APPLICATION FEE AND/OR RETAIN A PORTION OF THE DEPOSIT as specified herein, The balance of the Application Fee and/or Deposit, if any, shall be returned to applicant within fifteen (15) days following the date of occupancy or of receipt of written communication, by either party to the other, of a decision that no tenancy shall occur. In the event the application is not approved and accepted by Landlord, the Application Fee and/or Deposit less that portion of the Application Fee actually expended by Landlord/Agent for a credit check or other expenses arising out of the Application shall be returned to the applicant within fifteen (15) days of such action. If Landlord/Agent requires from an Applicant any fees other than a security deposit in excess of \$25.00, Landlord/Agent shall return the fees subject to the provisions above or Landlord/Agent shall be liable to Applicant for twice the amount of the fees collected.
- The provisions of the foregoing Paragraph 1 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.
- 3. I certify that I have received and carefully examined a sample of the lease and any addenda. I agree that I 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. The applicant hereby waives any claim for damages for reason of non-acceptance of this application.
- 4. Should I sign a lease for the above-referenced property 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 will be as prescribed by Maryland Law. 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 a list of all existing damages.

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.

	1			
Applicant:	7	_/	Co-applicant:	 /

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AUTHORIZATION TO RELEASE INFORMATION:

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 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.

t 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 THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID.

PRINT NAME: ANGUE	-0 DUNON		
PRINT NAME: ANGUE	ifus - Si	Da	ite: 11/16/2018
PRINT NAME:			
CO-APPLICANT SIGNATURE:		D;	nte:
Date:	Check: \$	Cash: S	.
Leasing Broker:		Broker (Code:
Address:		Phone:	
Leasing Agent:		Phone:	
License #/State:	/	_ MRIS#	

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